

MEMBER APPLICATION

NAME:	BIRTH DATE:		
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE: (Home)	(Cell) _		
EMAIL:		_ FACEBOOK:	YES NO
I Hereby Apply for Membership v Please Check Type of Membersh			
·	ership - Up to Four List Names on the B	•	
•	ership - Age 19 and		11)
	embership – Studen ities (Must Show St		Colleges and
[] \$ 8.00 Youth Member Current	ership - Age 8 to 18 Year	8, as of January	1 of the
[] \$100.00 Life Members	ship – For Individua	l Only	
By signing this application, I agree to a By-laws, Rules and Regulations. I acknown inherent risks of injury and damage to all risks. I agree that I will not hold ASH Volunteers or Participants liable for any Show or Clinic. Application is not valid for all Youth memberships. All Memberships December 31. For all returned	owledge that horseback myself, others, horses a HA, WSSH, Directors, Off y injury or property dam I unless signed. Parent erships are non-refunda	riding is a sport, wand property. I kno ficers, Clinicians, En fiage rising out of co or Guardian signat able and based on	which carries owingly assume mployees, or caused by cure required
SIGNATURE:	DA	TE:	
AMOUNT ENCLOSED: \$ Please Make Check or Money Order Pay			
Mail Form to: 20955 North Coburg R			Stacy Jo Hartley

(503) 798-1076

Harrisburg, OR 97446