



ASHA YOUTH CLUB APPLICATION FORM

Memberships due **June 1**

Name of Club _____

Stable or Charter Club Affiliation _____

Name of Advisor _____

ASHA Membership # _____

Address _____

City / Zip Code _____

Advisor Phone _____

Barn Phone _____

E-mail _____

Fax Number _____

DON'T FORGET!!!

- Attach a list of all current members with birth dates, mailing and e-mail addresses for each*.
- Enclose your \$25.00 membership fee, payable by check, Master Card, or Visa.
- State at least one promotional event (for example, library display, mall or horse show booth) and one other event (educational, social, community service) conducted each year by the club.

1. _____
2. _____

Payment:

___ Check or Money Order (make payable to ASHA) ___ Visa ___ MasterCard ___ AMEX

Credit Card #: _____ Expiration Date ____/____/____

Signature: _____ Print Name: _____

Effective January 1, 2020 a required 3% Convenience Fee (calculated by ASHA) will be added to all payments made by Credit Card.

Please complete registration form and return with remittance to:

**American Saddlebred Horse Association
4083 Iron Works Parkway
Lexington, KY 40511**