



# International Friesian Show Horse Association

PO Box 2839, Lompoc, CA 93438 ♦ Voice: (805) 448-3027

Email: ifsha@friesianshowhorse.org ♦ http://www.friesianshowhorse.org

## 2016-2017 Membership Application

(Please Print or Type)

*This form is used to apply for a horse owner, lessee, trainer, adult exhibitor, junior exhibitor, breeder and Friesian enthusiast membership in IFSHA. The rules governing the membership are as stated in compliance with USEF Rules and Regulations and the IFSHA website. For additional information visit the IFSHA website or contact IFSHA as stated above:*

- Horse owner(s) / Lessee must be members of IFSHA in good standing. The owner of a horse may be registered as a joint membership, such as a husband and wife, if they are not also exhibitors.
- Exhibitors must have individual IFSHA membership numbers.
- To compete in an IFSHA Regional or National competition, the horse owner(s) / Lessee and the horse must be members of IFSHA in good standing.
- To be eligible for nomination by IFSHA for USEF Special Recognition awards, the horse, horse owner, and horse exhibitor must be members of IFSHA and the USEF for that applicable year.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ IFSHA Membership Number (if renewing): \_\_\_\_\_

USEF Membership No. \_\_\_\_\_ USDF Membership No. \_\_\_\_\_ Birth Date \_\_\_\_\_ (Required for Juniors)

Membership Type:     Junior (under 18)         Adult Professional\*         Adult Amateur\*\*

*\*Professional - compensated for training and/or competition*

*\*\*Amateur - not compensated for any training and/or competition*

Membership Term:     Junior Annual \$35.00         Adult Annual \$50.00         Adult Lifetime \$1000.00

The applicant believes that all of the information provided in and with this application is true and correct. That said applicant agrees to abide by the IFSHA rules and regulations that are subject to change from time to time, and without notice. The applicant agrees that it is their responsibility to contact the IFSHA office with regard to any changes that may affect this application. IFSHA hereby reserves the right to not accept or to revoke an application if it is not complete or if the applicant does not abide by the IFSHA rules and regulations at any time. IFSHA competition year is from Dec 1st to Nov 30th. IFSHA is a California not for profit corporation. Fees are quoted and are to be paid in US funds only.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Junior Exhibitor's Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail your completed application, along with payment in US funds, to **IFSHA** at the address on the top of this form. We accept cash, check, VISA, MasterCard, Discover, and Am Ex.

Date of Application: \_\_\_\_\_ Total Amount Enclosed: \_\_\_\_\_

Payment Method:     Check         Mastercard         VISA         Discover         American Express

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Cardholder Address: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ (Month/Year)    Security Code \_\_\_\_\_