



MEMBERSHIP FORM

Member's (Rider) Name _____ KHJA Mem. # _____ DOB _____

Member's Address _____ City/State/Zip _____

Rider's Email _____ Phone _____

Equitation Division(go by age as of 12/01) 11 & under 12 - 14 15 - 17 Adult

Points for this year to count (choose only one) Regular Division **or** Local Division

Local Beginner/Limit Division (choose only one) Beginner Rider **or** Limit Rider

Name of Horse/Pony 1 _____ KHJA Membership # _____

Owner of Horse/Pony 1 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

Points for this year to count (choose only one) Regular Division **or** Local Division

Local Beginner/Limit Division (choose only one) Beginner Horse **or** Limit Horse

Name of Horse/Pony 2 _____ KHJA Membership # _____

Owner of Horse/Pony 2 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

Points for this year to count (choose only one) Regular Division **or** Local Division

Local Beginner/Limit Division (choose only one) Beginner Horse **or** Limit Horse

Name of Horse/Pony 3 _____ KHJA Membership # _____

Owner of Horse/Pony 3 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

Points for this year to count (choose only one) Regular Division **or** Local Division

Local Beginner/Limit Division (choose only one) Beginner Horse **or** Limit Horse

Name of Horse/Pony 4 _____ KHJA Membership # _____

Owner of Horse/Pony 4 _____ Email _____

Height _____ Age _____ Sex G M S _____ Color _____

Points for this year to count (choose only one) Regular Division **or** Local Division

Local Beginner/Limit Division (choose only one) Beginner Horse **or** Limit Horse

If additional horses/ponies need registered, please print a second copy of this form and include with payment.

MEMBERSHIP DUES Membership dues are for one (1) year. Pricing based on each individual or family.

No. of Memberships

Family Membership (Please list members names) \$ 50.00 x _____ = \$ _____

1. _____

2. _____

3. _____

4. _____

Senior Membership \$ 25.00 x _____ = \$ _____

Junior Membership (Under 18 years of age by 12/01) \$ 15.00 x _____ = \$ _____

Horse/Pony Membership \$ 10.00 x _____ = \$ _____

Transfer of Ownership (midyear change) \$ 2.50 x _____ = \$ _____

Enclosed is my payment of: \$ _____

Please make checks payable to:
Kentucky Hunter Jumper Association

Mail your Membership Form and check to:
 Jennifer Duncan
 1742 Lakewood Lane
 Lexington, KY 40502
 (859) 266- 3447
 jduncan@khja.org (For questions)

Please select the method of delivery for future KHJA mailings: Email Postal Service

Office Use Only

RECEIVED DATE	CHECK NUMBER	AMOUNT	DEPOSIT NUMBER
DATE	KHJA MEMBERSHIP NUMBER		