

WESTARK HORSE SHOW ASSOCIATION, INC.

MEMBERSHIP APPLICATION

SINGLE \$10.00 _____ FAMILY \$20.00 _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE DAYTIME: _____ NIGHTTIME: _____

PLEASE PROVIDE YOUR E-MAIL ADDRESS _____

PLEASE LIST BELOW THE FULL NAMES OF FAMILY MEMBER THAT WILL BE SHOWING WITH US:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

IN ORDER TO BE ELIGIBLE FOR YEAR-END AWARDS YOU ARE REQUIRED TO OBTAIN A \$50.00 SPONSORSHIP FOR A SINGLE MEMBERSHIP OR A \$75.00 SPONSORSHIP FOR A FAMILY MEMBERSHIP AND WORK 15 CLASSES AT SHOWS THROUGHOUT SEASON.

WESTARK HORSE SHOW ASSOCIATION, INC., ITS MEMBERS, OR ANY PERSON ASSOCIATED WITH ANY EVENT SPONSORED BY THE ASSOCIATION, WILL NOT BE RESPONSIBLE FOR INJURY, ACCIDENT, THEFT OR LOSS OF PROPERTY OCCURING BEFORE, DURING, OR AFTER THE EVENT.

CURRENT 12 MONTH NEGATIVE COGGINS REQUIRED

HAVE YOU RECEIVED A COPY OF THE BY-LAWS, RULES, AND REGULATIONS? YES ___ NO ___

MEMBER SIGNATURE _____

DATE _____

How did you hear about our association/horse shows? _____