

# 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? \_\_\_\_\_