



International Friesian Show Horse Association

507 Broad Street, Suite 121, Lake Geneva, WI 53147 ♦ Voice: (805) 448-3027 ♦ Fax: (805) 448-3027
Email: ifsha@friesianshowhorse.org ♦ <http://www.friesianshowhorse.org>

2009-2010 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 \$30.00 Adult Annual \$45.00 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 12-01-09 to 11-30-10 for this application. 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.

Date of Application: _____ Total Amount Enclosed: _____

Payment Method:

Check Mastercard VISA

Name on Card: _____ Signature: _____
(Please Print)

Cardholder Address: _____

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