

**AMERICAN SADDLEBRED HORSE ASSOCIATION OF NEW YORK, INC.
 YEAR 2019 MEMBERSHIP APPLICATION
 NEW _____ RENEWAL _____**

There are three types of memberships. Choose one.

JUNIOR MEMBERSHIP. Must be under the age of 17 on January 1, 2019 Cost is \$ 10.00	
Name:	DOB:

INDIVIDUAL MEMBERSHIP. Over 18 years of age on January 1, 2019 Cost is \$ 20.00	
Name:	

FAMILY MEMBERSHIP. Parents/children under the age of 17. Cost is \$ 25.00	
Primary Member:	
Additional Member:	
Child	DOB:
Child:	DOB:
Child:	DOB:

<i>General Information:</i>
Mailing Address:
Home Telephone:
Fax:
E-mail:
Member of ASHA Yes _____ No _____
Stable Affiliation:

<p>Make checks payable to: ASHA of New York, Inc.</p> <p>Mail to: Theresia Giardino 17 Crest Hill Road Whitesboro, NY 13492 315-723-7737 TeeMagic@aol.com</p>

MEMBER DATA	BREED INVOLVEMENT
<input type="checkbox"/> Own	<input type="checkbox"/> American Saddlebred
<input type="checkbox"/> Rider/Driver	<input type="checkbox"/> Arabian or National Show Horse
<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Morgan
<input type="checkbox"/> Trainer	<input type="checkbox"/> Hackney
<input type="checkbox"/> Broodmare Owner/Manager	<input type="checkbox"/> Roadster Pony
<input type="checkbox"/> Stallion Owner/Manager	<input type="checkbox"/> Other _____

<i>Office Use:</i>
<i>Amount of Payment:</i> _____
<i>Type of Payment:</i> _____
<i>Date of Payment (Postmark if mail-in):</i> _____
<i>Recorded By:</i> _____