

**AMERICAN SADDLEBRED HORSE ASSOCIATION OF NEW YORK, INC.
 YEAR 2024 MEMBERSHIP APPLICATION
 NEW _____ RENEWAL _____**

There are three types of memberships. Choose one.

JUNIOR MEMBERSHIP. Must be under the age of 17 on January 1, 2024 Cost is \$ 10.00	
Name:	DOB:

INDIVIDUAL MEMBERSHIP. Over 18 years of age on January 1, 2024 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:

**Make checks payable to:
 ASHA of New York, Inc.**

**Mail to:
 Theresia Giardino
 17 Crest Hill Road
 Whitesboro, NY 13492
 315-723-7737
 TeeMagic@aol.com**

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 _____

Office Use:

Amount of Payment: _____

Type of Payment: _____

Date of Payment (Postmark if mail-in): _____

Recorded By: _____