

UNITED STATES



HUNTER JUMPER ASSOCIATION™

# 2008 AFFILIATED ASSOCIATION APPLICATION

State/Regional Associations must have the following characteristics to be eligible for affiliate membership in the USHJA: Affiliate members shall consist of any local, state, regional and national organizations, clubs, associations, corporations, and other groups that conduct equestrian competitions or other programs or events, educational institutions which offer equine related programs, and other organizations approved by the Board of Directors that have united together to form an association.

**Affiliated Association Annual Membership Fee: \$100**

## ASSOCIATION INFORMATION

Association Name: \_\_\_\_\_

Association USEF/USHJA #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

President: \_\_\_\_\_

President's USEF/USHJA # \_\_\_\_\_

Total Number of Members: \_\_\_\_\_

## ASSOCIATION CONTACT PERSON INFORMATION

(All correspondence will be sent using the contact information provided below)

Contact's Name: \_\_\_\_\_

Contact's USEF/USHJA #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Privacy Statement:** You have the right to restrict the releasing of your personal information to others.

**Please check the boxes you do not wish to have released to other USHJA members:**

Name  Address  Telephone  Email

**Please check the boxes you do not wish to have released for promotion purposes:**

Name  Address  Telephone  Email

## USHJA In Stride Magazine is a member benefit.

\$9.00 of your membership dues includes a one year subscription to USHJA Magazine.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PAYMENT INFORMATION. DO NOT DETACH.

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

**PLEASE DO NOT SEND CASH** (Make Check Payable to: United States Hunter Jumper Association).

Check # \_\_\_\_\_  Visa  Master Card

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_

Card Holder's Name (Print) \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

## Mail Application and payment to:

USHJA, 4047 Iron Works Pkwy, Lexington, KY 40511

Tel: (859) 225-2055 Fax: (859) 258-9033

[www.ushja.org](http://www.ushja.org)

## AWARD PARTICIPATION

Will your association be participating in the Affiliation Sportsmanship Awards Program? (Deadline is February 1st)  Yes  No

Will your association be participating in the Affiliate Equitation Awards Program? (Deadline is February 1st)  Yes  No

For more information about the USHJA Affiliate Sportsman Awards Program and/or the USHJA Equitation Awards Program, visit [www.ushja.org](http://www.ushja.org).