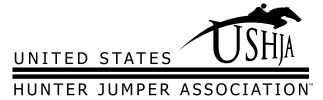


# HORSE NAME CHANGE REQUEST

UNITED STATES HUNTER JUMPER ASSOCIATION



## USHJA Registered - \$20

USHJA Registration # (See GR 1101, 1102) \_\_\_\_\_

USHJA Registered Name: (See GR 1107) \_\_\_\_\_

USHJA New Name Request: \_\_\_\_\_

Owner Name: (Please Print) \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Registered Owner USHJA Member ID Number: \_\_\_\_\_

**This form must be submitted with the name change fee on or before the first day on which the recognized competition begins for points to be awarded. (See GR 1107)**

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### PAYMENT INFORMATION *(Do not detach)*

Enter Amount From Above \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

**Payment Method** (Check One, **PLEASE DO NOT SEND CASH**): Check # \_\_\_\_\_  Visa  Master Card  Discover Card  AMEX

(Make Check Payable to: United States Hunter Jumper Association)

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

Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

**UPLOAD DOCUMENT IN MEMBER PORTAL AT USHA.ORG OR MAIL APPLICATION AND PAYMENT TO:**

UNITED STATES HUNTER JUMPER ASSOCIATION • 3870 CIGAR LANE • LEXINGTON, KY 40511 • PHONE: (859) 225-6700 • FAX: (859) 258-9033 • USHJA.ORG

*For Questions Email: [membership@ushja.org](mailto:membership@ushja.org)*