

FARM/ORGANIZATION ID FORM

UNITED STATES HUNTER JUMPER ASSOCIATION



A Farm/Business/Organization ID is for ownership purposes only. In order for points to count toward USHJA Zone Horse of the Year Awards and Federation Horse of the Year Awards, one of the below listed owners of the Farm/Business/Organization **must** be an Active/Competing individual member with the USHJA.

The effective date of this application is the date the properly completed form is received by the USHJA office. Points will not be credited retroactively.

FARM/ORGANIZATION INFORMATION

I (we) hereby make application to ID the following farm/business (corporation, syndicate, or partnership name):

Name: _____ USEF/USHJA # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

List all owners of the above entity (use additional paper if necessary). Each owner/agent must sign where indicated by *. By signing this application, all owners further agree that the person signing as Owner #1 has the sole authority to represent the entity in any further transactions with USHJA. If Owner #2's Authorized Agent signature is executed, then all owners agree that Owner #2 can be substituted as an Authorized Agent in Authorized Agent #1's absence.

NOTE: For USEF-Licensed competition purposes, at least one Authorized Agent/Owner must maintain an individual Active/Competing membership with USHJA for the Farm/Business/Organization to be an Active/Competing owner.

Owner#1/Authorized Agent: _____

Owner#2: _____

Signature*: _____

Signature*: _____

Address: _____

Authorized Agent Signature: _____

Address: _____

USHJA/USEF #: _____

USHJA/USEF #: _____

HORSE INFORMATION

List all USHJA registered horses owned by this farm/business/organization (completing this section authorizes USHJA to affect a transfer of ownership from existing individuals listed above to the farm name).

Horse's Name _____ ID # _____

Horse's Name _____ ID # _____

Horse's Name _____ ID # _____

Horse's Name _____ ID # _____

Horse's Name _____ ID # _____

Horse's Name _____ ID # _____

Horse's Name _____ ID # _____

Horse's Name _____ ID # _____

REQUIRED SIGNATURE

By IDing the farm/business/organization with USHJA, I attest that I am the owner or I have the requisite authority to submit this farm/business/organization ID application on behalf of all owners. *Please note that your Application will not be processed unless all required information is complete.*

Sign (in ink) _____

EMAIL APPLICATION TO MEMBERSHIP@USHJA.ORG OR MAIL APPLICATION TO: