

# AFFILIATE MEMBER ORGANIZATION APPLICATION PART 1

UNITED STATES HUNTER JUMPER ASSOCIATION



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.

**Affiliate Member Organization 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 # \_\_\_\_\_

Signature of Association President or Vice President:

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

Date \_\_\_\_\_

## AFFILIATE COUNCIL CONTACT PERSON INFORMATION

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

**PRIVACY STATEMENT:** The Contact name, phone number and email address for the association will be posted on the USHJA website.

Contact Name: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

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

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

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

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

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

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

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

Alternate Contact Name: \_\_\_\_\_

Alternate Contact Phone: \_\_\_\_\_

Alternate Contact E-mail: \_\_\_\_\_

PLEASE DO NOT SEND CASH

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

Check # \_\_\_\_\_

**To pay with credit card, please call the  
United States Hunter Jumper Association  
at (859) 225-6700.**

## ZONE COMMITTEE REPRESENTATION CRITERIA

Does your organization have bylaws? ☐ Yes ☐ No

Is your organization governed by a Board of Directors? ☐ Yes ☐ No

Is your organization a non-profit? ☐ Yes ☐ No

Does your organization host at least 15 sanctioned shows? ☐ Yes ☐ No

Does your organization host at least 1 annual education activity? ☐ Yes ☐ No

**Mail Application and payment to:**

USHJA • 3870 Cigar Lane • Lexington, KY 40511 • Tel: (859) 225-6700 • Fax: (859) 258-9033 • ushja.org

# AFFILIATE MEMBER ORGANIZATION APPLICATION PART 2

UNITED STATES HUNTER JUMPER ASSOCIATION

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**Affiliate Member Organization Annual Membership Fee: \$100**

**In order to better serve our Affiliate Member Associations please complete the following information survey:**

Does your organization have individual members? ☐ Yes ☐ No  
If Yes, how many members? \_\_\_\_\_

What is the estimated percentage breakdown of your membership?

\_\_\_\_\_ Professional  
\_\_\_\_\_ Junior  
\_\_\_\_\_ Amateur

What USHJA Zone does your organization primarily serve? \_\_\_\_\_

How would you categorize your organization?

- ☐ Academic Institution  
☐ Horse Show Association/Awards  
If horse shows, how many per year? \_\_\_\_\_  
☐ Breed Specific Association  
☐ Other \_\_\_\_\_

Do you send a newsletter to members? ☐ Yes ☐ No  
If Yes, is it ☐ Electronic or ☐ Print version?  
How many issues per year? \_\_\_\_\_

What is your organization's mission statement or purpose?

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Are you interested in participating in any of the following?

- ☐ Affiliate Equitation Awards (Deadline Sept. 1)  
☐ Outreach Competition  
☐ USHJA Equitation Programs (JSM, HSM, Gladstone)  
☐ Hunter Team Challenge  
☐ Other \_\_\_\_\_

Are you interested in hosting any of the following?

- ☐ Instructor Credentialing  
☐ Emerging Athletes Training Session  
☐ Horsemanship Quiz Challenge  
☐ Clinics & Webinars  
☐ Stable Challenge  
☐ Recognized Riding Academies  
☐ Other \_\_\_\_\_

Are there any additional programs that USHJA could offer to meet the needs of your Affiliate Association?

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Do you offer educational programs or activities? ☐ Yes ☐ No  
If yes, please describe \_\_\_\_\_

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Additional Comments:

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**FREE** Outreach Membership for each of your members - Please include your membership listing (first name, last name, address, phone & email) to take advantage of this benefit!\*"

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**\*Disclaimer - any persons with an additional USHJA membership (Associate or above) will not be eligible**

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