



Membership & Nomination Application for 20_____

Name: _____

Address: _____

City, State, Zip: _____

Cell Phone #: _____

Email: _____

Owner AND Exhibitor Must be a HABHA member and nominate each horse for each breed to receive Year-End Awards

Please indicate type of membership: Single \$25

Family \$40

List all family members to be included in Family Membership:

Nomination Fee for Year-End Awards

1 Horse / 1 Rider / 1 Breed - PER LINE

\$25 Nomination Fee for EACH Horse / Rider / Breed combination

Must be submitted and paid for at FIRST show you attend for points to count

	Horse Name	Rider Name	Breed	Fee
1.				\$25
2.				\$25
3.				\$25
4.				\$25
5.				\$25

Total due for Nominations: _____

Total due for Membership: \$25 or \$40

Total due for Membership and Nominations: _____

In consideration of the acceptance of any membership and/or nomination, the owner and/or exhibitor hereby releases, and agrees to hold harmless, the show management, Heart Of America Buckskin Horse Association and Lucky J Arena from any liability for damages or loss, if suffered or sustained by the owner, exhibitor, or handler as the result of theft, injury or damage occurring in conjunction with or during a Heart Of America Buckskin sponsored horse show.

SIGNATURE _____

Date _____