

# HEART OF AMERICA



## BUCKSKIN HORSE ASSOCIATION

### MEMBERSHIP APPLICATION

Membership expires December 31, \_\_\_\_\_

Send completed application with payment to:

**TINA DAWSON**  
**6264 NE 118TH STREET**  
**PITTSBURG, KS 66762**

<b>NAME</b>	<b>DATE</b>
<b>ADDRESS</b>	<b>PHONE</b>
<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>WEB SITE</b>	<b>EMAIL</b>

#### TYPES OF MEMBERSHIP

<b>YOUTH</b> \$10.00 - Any unmarried individual 18 years and younger. No voting privileges.	\$
<b>INDIVIDUAL</b> \$15.00 - Any person over the age of 19 as of January 1 <sup>st</sup> of the current year.	\$
<b>JOINT</b> - \$20.00 - Husband and wife; or, Father/Mother and daughter/son 18 years or younger.	\$
<b>FAMILY</b> \$25.00 - Any individual with children under the age of 19 living at home; or married couple	\$
<b>INDIVIDUAL LIFE</b> - \$125.00 - Any individual over the age of 19 as of January 1 <sup>st</sup> of the current year.	\$
<b>CORPORATE</b> - \$200.00 - Any business entity, farm or ranch. Entitled to one vote by a designated Individual. (Fee may be applied to directory advertisement)	\$

If Family Membership is applied for, list name, age, and relationship of each person

NAME	AGE	RELATIONSHIP

Corporate Membership - List the name in which the membership is to be held:

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Voting Member \_\_\_\_\_  
 Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a current paid member of A.B.R.A.?      Yes \_\_\_\_\_ No \_\_\_\_\_      ABRA # \_\_\_\_\_  
 Do you hold an A.B.R.A. Amateur card?      Yes \_\_\_\_\_ No \_\_\_\_\_      ABRA Amateur # \_\_\_\_\_  
 Do you or any member(s) of your family hold an A.B.R.A. Youth card?      Yes \_\_\_\_\_ No \_\_\_\_\_      ABRA Youth # \_\_\_\_\_  
Please use reverse side for additional numbers

Why do you want to join Heart of America Buckskin Horse Association? (Check all that apply)  
 Showing \_\_\_ Year-end awards \_\_\_ ABRA points \_\_\_ Working Member \_\_\_ In what capacity? \_\_\_\_\_  
 Are you interested in serving? Elected office \_\_\_ Committee: \_\_\_ Which office or committee? \_\_\_\_\_  
 Who referred you? Name: \_\_\_\_\_ Phone: \_\_\_\_\_