



Membership & Nomination Application for 20_____

Name: _____
Address: _____
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:

Example:
 Jane Doe/Love Bucky/ABRA = \$25
 John Doe/Golden One/PHBA = \$25
 John Doe/Love Bucky/ABRA = \$25
 Total = \$75 due

Nomination Fee for Year-End Awards

1 Horse / 1 Rider / 1 Breed - PER LINE
\$25 Nomination Fee or \$25 Nomination Sponsor each
Must be submitted at FIRST show you attend

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

Total due for Membership and Nominations: _____