



MEMBER APPLICATION

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____ (Cell) _____

EMAIL: _____ FACEBOOK: YES NO

I Hereby Apply for Membership with the Western States Stock Horse.

Please Check Type of Membership: NEW RENEWAL

\$40.00 **Family Membership** – Up to 4 People in a Household
(Please List Names at the top of this form with birthdates)

\$20.00 **Adult Membership** - Age 19 and Over

\$15.00 **Collegiate Membership** - Students Enrolled in Colleges & Universities
(Must Show Student ID Card)

\$10.00 **Youth Membership** - Age 8 to 18, as of January 1 of the Current Year

\$150.00 **Life Membership** - For Individual Only

By signing this application, I agree to abide by all of the Western States Stock Horse Association By-laws, Rules and Regulations. I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to myself, others, horses and property. I knowingly assume all risks. I agree that I will not hold ASHA, WSSH, Directors, Officers, Clinicians, Employees, Volunteers or Participants liable for any injury or property damage rising out of or caused by Show or Clinic. Application is not valid unless signed. Parent or Guardian signature required for all Youth memberships. All Memberships are non-refundable and based on calendar year expiring December 31. For all returned checks there will be a \$35.00 charge.

SIGNATURE: _____ DATE: _____

AMOUNT ENCLOSED: \$ _____

Please Make Check or Money Order Payable to: Western States Stock Horse

Mail Form to: 20955 North Coburg Road
Harrisburg, OR 97446

Questions: Stacy Jo Hartley
(503) 798-1076