

Membership Application NSHA-HDA (High Desert Area)



Prior NSHA Regions I, VI and the Bishop, CA and surrounding area portion of NSHA Region III.

NAME: _____ PHONE #: (____) _____

ADDRESS: _____ FAX #: (____) _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ MEMBERSHIP YEAR: **2007**

TYPE OF MEMBERSHIP: (Circle One) SENIOR-\$20 JUNIOR-\$10 _____

HORSE NOMINATIONS (SEE BELOW) : \$10 @ _____

Send TO: G. TACHOIRES
BOX 19042 RENO, NV 89511-0777

TOTAL ENCLOSED _____

REQUIRED INFORMATION FOR INDIVIDUAL EXHIBITOR AWARDS

NAME: _____ D.O.B. _____

NAME: _____ D.O.B. _____

Attach a copy of any current Breed Association or USEF membership card for Amateur status. Make extra copies of application if necessary.

REQUIRED INFORMATION FOR HORSES- Year-End Awards Program nomination fee \$10 per horse per year. No exhibitor Year-End Award fee for members in good standing. Previous Life members must re-nominate horses each year. **ALL INFORMATION IS REQUIRED FOR AWARDS. A COPY OF HORSE'S BREED REGISTRATION MUST ACCOMPANY THIS APPLICATION IF NOT ALREADY ON FILE WITH NSHA-HDA OFFICE.**

FULL NAME OF HORSE _____

BREED: _____ REG. # _____

FULL NAME OF HORSE _____

BREED: _____ REG. # _____

If horse is double or more registered, please provide all registration numbers.

A copy of this completed form will be returned to you. **MEMBERSHIP DOES NOT BECOME EFFECTIVE UNTIL ALL INFORMATION AND FEES HAVE BEEN RECEIVED AND VERIFICATION HAS BEEN MADE BY THE HDA OFFICE.** A membership card and current NSHA-HDA Rule Book will be provided to you within 30 days of acceptance of this application. Submit application and all fees to:

ADULT APPLICANT or SIGNING FOR MINOR

SIGNATURE _____ DATE _____

TOTAL SUBMITTED: \$ _____ CASH/CHECK # _____ DATE _____

FOR OFFICE USE ONLY

AMOUNT RECEIVED:\$ _____ DATE: _____ TIME (If at an event) _____

RECEIVED BY: _____ MEMBERSHIP NUMBER ASSIGNED: _____

Full name of person accepting application _____

ARABIAN HORSE BREEDER'S ASSOCIATION OF NEVADA (AHBAN) MEMBERSHIP APPLICATION

As of 2006, Arabian Horse Association (AHA) memberships are received and expire on an anniversary date. A Competition Card is required to receive the insurance benefit. Regular annual AHBAN dues are:

Senior (AHA and AHBAN) \$45.00 _____ AHA Competition Card \$20

Junior (AHA and AHBAN) \$25.00 _____ AHA Competition Card \$20

Affiliate (A member of a different Arabian Horse Club for social and points only) \$35

Club with full membership _____

See AHA rules for specifics

CHECKS SHOULD BE MADE OUT TO AHBAN - PLEASE SUBMIT A SEPARATE FORM FOR EACH MEMBER

DATE _____ E-MAIL ADDRESS _____

NAME _____

RANCH NAME _____ if applicable

ADDRESS _____

PHONE NUMBER (____) _____ CELL PHONE NUMBER (____) _____

I would like to join AHBAN and am interested in active participation on the marked committee:

Local Horse Promotion _____

Horse Show Committee _____

Seminars and Clinics _____

Social Gatherings _____

I agree to abide by the Constitution and By-Laws of the Arabian Horse Breeders Association of Nevada (AHBAN)

Signature _____

Minors application must be signed by Parent or Legal Guardian

Send To: G. TACHOIRES or GAYLAN BRADFORD
BOX 19042 RENO, NV 89511-07 6216 McLEOD DR LAS VEGAS, NV 89120