

2024

Idaho State Horse Show Association

Membership Application

Also available at www.ishsa.info



Date: _____ Mailed Newsletter (\$10.00) _____ or Emailed Newsletter _____

Individual (\$20.00) _____ Family (\$30.00) _____ Renewal _____ New _____

Name of Primary Member _____

Address: _____ City _____ State _____ Zip _____

Home Phone Number _____ Birth date if Primary Member is under 18 _____***E-Mail Address:*** _____Names of additional family members, birth dates (if under 18) and relationship to primary member (same household only):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

By signing, I hereby agree to follow the rules and procedures set up by the Idaho State Horse Show Association.

Signature: _____

This information is important for year end awards, please print clearly. New horses can be added later on and **MUST BE** added *before* points can be accumulated.

Horses Registered Name	Barn Name	Breed or Grade	Sex of Horse	Year Foaled

Please list owner's name and address if equine is not owned by you:

Name: _____ Address _____ City _____ State _____ Zip Code _____

REMEMBER: Horses **MUST BE** shown under the Registered Name above or the Points Secretary cannot keep track of who you are. Also, under ISHSA rules, *both owner and exhibitor* (see rule book for leased horse rules) of the equine must be a current ISHSA member *before* points will count. Points **are not** retro active and will start accumulating *after* paid membership is received. You must show unregistered equines in the "All Other Breeds" classes even if you know the breed.

Please Return This Form To:

Patricia Schuster
1784 W Bayeux Dr
Meridian, ID 83642

Payment must accompany application

Membership Paid: \$ _____

Newsletter mailed: \$ _____

Date Paid: _____

Cash/Check Number: _____

Membership Type: IND - FAM