I.B.H.A. - P.O. BOX 268 - SHELBY, IN 46377

PHONE AND FAX (219) 552-1013 E- MAIL iBHAINC@SBCGLOBAL.NET

www.ibha.net



MEMBERSHIP APPLICATION

*AMATEUR \$15.00	AMATEUR SELECT \$15.0	0 (IN ADDITION	TO AMATEUR)	
ADULT WALK TROT \$15.00				
*YOUTH \$20.00				
LIFETIME \$300.00 RUSH FEE \$20.00				
*AMATEUR AND YOUTH APPLICAN	TS MUST ALSO COMPLETE N	AIDDLE SECTIO	N	
PRINT NAME			I.D. *	
PLEASE PRINT ADDRESS				
CITY	STATE	ZIP		
PHONE				
* COMPLETE FOR YOUTH ACTIVITY AP	PLICANT or AMATEUR APPLICA	NT:		
NAME & NUMBER OF IBHA HORSE				
DATE OF BIRTH OF APPLICANT	RELATIONSHIP TO	EXHIBITOR		
SIGNATURE OF PARENT OR GUARDIAN	FOR YOUTH			
* AMATEUR MEMBERSHIP AGREEMEN	T ONLY FOR AMATEUR APPLIC	CANTS		
To be an amateur member you mus submitting application carefully read r	•			3efore
I have not within the past three years	of submitting this application:			
Shown, judged, trained or assisted in t	raining a horse for remunerati	on.		
Instructed another person in riding, dr	iving, training or showing a ho	rse for remuner	ation.	
Held the credentials of a horse show ju	udge for any organization.			
Held membership with the Professional those events or classes which are the sign IBHA amateur competition.	•			-
SignedDate			Date	
VISA CARD		exn	code	