



MEMBERSHIP APPLICATION

(Revised 8/1/2009)



RETURN FORM WITH YOUR CHECK OR MONEY ORDER PAYABLE TO:

SSHBEA, P.O. Box 1046, Shelbyville, TN 37162

Membership starts the day you join SSHBEA and runs a full 12 months.

You will receive ONE reminder notice 30 days prior to your anniversary renewal date.

You may receive a telephone call from a SSHBEA Staff Member if your renewal is not received to thank you for your past support and encourage you to renew.

After 90 days, members not renewing are removed from the membership list.

Indicate type of Membership:

ADULT MEMBERSHIP \$50 includes:

(For Adults 18 & Older)

- **The Spotted Saddle Horse News** (Quarterly Magazine) and periodic **SSHBEA Newsletters**.
- **FREE Foal Registration**-One free foal registration for each paid dues period, provided the foal is registered within 6 months of foaling and a written request is made on the application. Free foal registrations are not automatically granted, and if not requested, the regular membership registration fee applies. No adjustments will be made later.
- **Voting Rights** on all matters requiring a vote of the SSHBEA Membership. In order to vote, you **MUST** be on the SSHBEA's record as the owner of at least one spotted saddle horse with current membership dues paid or within the grace period allowed by rules.
- **Reduced Rates** for registration and transfer of horses.

FAMILY MEMBERSHIP (Includes qualifying children) \$80 includes:

- **Same benefits as Adult Membership** plus one additional voting right provided two (2) family adults each own a registered horse or jointly own one horse.

ASSOCIATE MEMBERSHIP \$40 includes:

(For Friends & Relatives, Businesses, and Others)

- **The Spotted Saddle Horse News** (Quarterly Magazine).
- **FREE VIP Pass** to any SSHBEA sponsored show **when you present your Associate Membership Card.**

LIFE MEMBERSHIP \$600

(Includes Adult Membership benefits for a lifetime)

NAME(S) _____

ROUTE and BOX _____

STREET or ROAD _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Cell) _____ DATE OF BIRTH _____

E-MAIL ADDRESS _____

***** Adult Members, please provide a horses's name and registration number below in order to exercise Voting Rights *****

HORSE'S NAME _____ REGISTRATION # _____

***** Family Members, please provide name & registration number of 2nd horse owned by another adult family member if horse listed above is not jointly owned *****

HORSE'S NAME _____ REGISTRATION # _____

SIGNATURE(S) _____ DATE _____

For more information, go to www.sshbea.org