S.S.H.B.E.A. "PROFESSIONAL TRAINER" Membership Application

	New	Renewal	/ License # T	
Name:				
Address:				
City:	s	state:	Zip:	
Home Phone:()	Cell #:()	
I AM NOT class	ified as an amateu	ır. I am a Tr	ainer of Spotted	Saddle Horses.
Signature			Date	
		Halter Licen		
	that are <u><i>only</i> w</u> orki nateur card at the s	-	iine. You can hold	a colt & halter
Name:				
Address:				
City:	s	state:	Zip:	
Home Phone:(e:()Cell #:()			
	ed as a Professional equine under halte	_	lle Horse Trainer. 1	certify that I
Signature		- Date		
<i>Fees:</i> Member \$50 (J Non Member \$1	anuary-June) 110 (January – Ju		mber \$75 (July-D n Member \$135 (J	_
S	<u>Please remi</u> SSHBEA * P.O. Box	t Applicatio x 1046 * She		2