



Battlefield Horse Show Association, Inc

P.O. Box 165, Thornburg, VA 22565

www.battlefieldhsa.com

BHSA Use Only

Date Received

Amount Paid \$

Check No.

Member No.

Horse/Pony No.

2010 Membership Application (Please Print)

Individual and Farm Annual Membership Fees: \$25.00 (each)
(Membership Expires on November 30th of the competition year)

____ **Renew**

____ **New**

Name of Individual: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____ Date of Birth: *(Juniors Only)* _____

E-Mail Address (Please supply) : _____

Horses/ponies currently owned that are BHSA registered: _____

Farms must be registered members if horses/ponies are shown under Farm name

Name of Farm: _____

Address: _____
Street City State Zip

Telephone: _____ Owner's Name: _____

2010 Horse Recording Application (Please Print)

Lifetime Horse/Pony Recording Fee: **\$15.00**

Change of Horse/Pony Name/Ownership: **\$5.00**

(To change ownership, the BHSA must receive written verification signed by both parties)

Show Name of Horse/Pony: _____ Color: _____

Height *(required)*: _____ Sex: _____ Markings: _____

I certify that the above information is true and complete and that I am the Owner/Agent of record for the above listed horse/pony.

Print Name of Owner: _____

Owner/Agent Signature: _____ Date: _____

****Please make checks payable to BHSA and mail to BHSA, P.O. Box 165, Thornburg, VA 22565** DO NOT SEND CASH !**