



# Membership Application 2012

Please make checks payable to: AHS

Mail checks to:

AHS

c/o Lori Solomen

3658 Holt Lane

Huntingdon Valley PA, 19006

I hereby make application for membership .....		<b>AHS Number: Official Use Only</b>	
Name:	Professional Amateur Jr	Jr. Age: (as of Dec. 1, 2011)	Date of Birth
Address:		Phone:	Cell Phone:
City:		State:	Zip:
E-mail address:			
Trainer Name:		Trainer Phone:	Barn Affiliation:
1 <sup>st</sup> Horse/Pony Name:		Pony Size: S M L Horse <input type="checkbox"/>	<b>AHS Number: Official Use Only</b>
2 <sup>nd</sup> Horse/Pony Name:		Pony Size: S M L Horse <input type="checkbox"/>	<b>AHS Number: Official Use Only</b>
3 <sup>rd</sup> Horse/Pony Name:		Pony Size: S M L Horse <input type="checkbox"/>	<b>AHS Number: Official Use Only</b>
Number of Horses/Ponies	_____	@ 20.00 Each = \$ _____	(Required if competing in Hunter/Jumper classes in order to qualify for AHS points)
Member/ Rider Fee		@ 20.00 Each = \$ _____	<b>AHS Number: Official Use Only</b>
Owner Fee (only if different than member/rider)		@ 20.00 Each = \$ _____	

My Check in the amount of \$ \_\_\_\_\_ is enclosed.

By signing the membership form every member agrees that they; (1) have read completely and understood the following; (2) shall be subject to the constitution and the rules of the Associated Horse Shows; (3) represent that every horse and rider is eligible as entered; (4) agree to be bound by the constitution of the Associated Horse Shows and any Associated competition, and will accept as final the decision of the Board of Directors on any questions arising under said rules, and agree to hold the competition, the AHS, their officials, directors, and employees harmless for any action taken; (5) agree that they participated voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death, and by participating they expressly assume any risks of injury, or loss, and they agree to indemnify and hold the AHS, the competition, and their officials, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during or in connection with competition, whether or not such claim, injury, or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents of the AHS or competition.

Please check here if you do not want your name and address released to other horse related organizations.

Rider's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature for Riders under the Age of 18 \_\_\_\_\_

Office Use Only:

Cash  or Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date Received \_\_\_\_\_

Please visit us on the web at  
[www.associatedhorseshow.com](http://www.associatedhorseshow.com)