## Islip Horsemen's Association, Inc. P.O. Box 39, East Islip, NY 11730

## Membership Application Anything with a \*\* next to it MUST be filled in unless not applicable.

**Name:	**Spouse:		
**Address:			
**Town:		**State	**Zip
**Phone:_		**Cell:	
**Children: **Email:	:*(Please list date	es of birth & last nar	mes if different)*
Interests:	English W	estern Gyr	mkhana Drill Team
	Dressage	Parades	Trail Clinics
	Youth Group		
*A	ll memberships paid	after April 1 <sup>st</sup> will ha	ave a \$10.00 increase*
Family (\$4	5) Individu	ıal (\$35)	Junior under 18 (\$30)
	per  Renewa sh to be on the r		YES NO
By accepting of Committee or with the horse publication pu	any other agents for show. Any photogra rposes. I acknowledge	lease the IHA, Suffo any injury or loss so ph taken at an IHA ge that I have read t	olk County, the Horse Show uffered during or in combination sponsored event can be used for the By-Laws of IHA and agree to pership fee is non refundable.
Signature:	Danash (Consulting	<del></del>	

Parent/Guardian signature if member is under 18 years of age