



NORTH AMERICAN SHAGYA- ARABIAN SOCIETY, INC. (NASS)

A 501 (c) (5) Non Profit Tax Exempt Organization

MEMBERSHIP APPLICATION

www.Shagya.net

____ UPDATE MY
CONTACT INFORMATION
DATE: _____

PLEASE PRINT CLEARLY

FIRST NAME: _____ LAST NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ PROVINCE: _____

POSTAL CODE: _____ EXT. (+4) _____ COUNTRY: _____

E-MAIL: _____

(important: e-mail is the NASS primary mode of communication)

HOME TELEPHONE: _____

MOBILE: _____

TYPE OF MEMBERSHIP

Membership year runs Jan 1 through Dec 31

Lifetime Membership		\$200.00	
Active Participating Membership (annual) (\$20.00 annual discount for members 18 and under)	Renewal _____ New _____	\$45.00	
Associate Membership (annual)	Renewal _____ New _____	\$35.00	
Newsletter Only (annual)	Renewal _____ New _____	\$25.00	
Total Amount Due			\$

Contact me about volunteering on a committee (check box)

I currently own the NASS registered horse(s): name and number _____

I have sold the NASS registered horse(s): name and number _____

New owner: _____ Contact number: _____

I have gelded the NASS registered horse(s): name and number _____

My NASS registered horse(s) have passed away: name and number _____

PLEASE COMPLETE THIS SECTION - If more space is required, finish on back of this form. CHECK if back of this form is used.

Complete form
Make checks out to "NASS"
Mail to:
NASS Treasurer:
Beverly Thompson
2345 S. Washington Rd.
Columbia City, IN 46725

To pay NASS via **PayPal**
Send to:
NASS Treasurer:
Beverly Thompson
Email: Treasurer@shagya.net

Please indicate what payment is for.