



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

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

## 2021 MEMBERSHIP APPLICATION

[www.Shagya.net](http://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)	<b>Special 35th Anniversary fee for 2021</b>	<b>\$35.00</b>	
Junior Membership: 18 years of age & under (Annual)		\$25.00	
Associate Membership (Annual)	<b>Special 35th Anniversary fee for 2021</b>	<b>\$35.00</b>	
Newsletter Only (Annual)		\$25.00	
Please Check if: Renewal _____ New _____		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.

Make checks out to "NASS"  
mail to:  
NASS Membership Chair  
c/o 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](mailto:Treasurer@shagya.net)

Please indicate what payment is for and e-mail or mail form