

ASHAG - Annual MEMBERSHIP (RENEWAL) Application

NOTE - Competing members and horses owned-leased by a competing member are eligible for the High Point Program. Points may be earned at any qualified (see program rules) show. Riders and horses start accruing points when annual Membership Dues and one-time Horse Nomination are received with this form or online renewal at www.ashag.net.
Timely reporting of show results is Owner, Lessor or Agent responsibility (see web site for Results Log Form).

INSTRUCTIONS - Complete ALL member information fields below and select ONE Membership Type.
Sustaining Members are Supporters of ASHAG who do not plan to compete for high point program awards.

Primary Member Name:	_____	Check Membership Type:		Family
Street (PO) Address:	_____	\$50.00	<input type="checkbox"/>	
City, State, Zip Code:	_____	\$30.00	<input type="checkbox"/>	Senior
Primary Email Address:	_____	\$30.00	<input type="checkbox"/>	Junior
Primary Phone Number:	_____	\$20.00	<input type="checkbox"/>	Sustaining

Stable-Farm Affiliation (or NONE)	ASHBA Number	Trainer or Coach Name

ADD'L MEMBERS - A total of (2) Senior and unlimited Junior family members may be included with FAMILY Membership

Type	Member Name	Email Address	ASHA #	Junior Birth Date

HIGH-POINT NOMINATIONS - Add Performance Horses or Academy-EQ Riders to be nominated with your Membership

Reg Number	Horse Registered Name OR Academy-Equitation Rider Name	Horse Owner-Lessor (OR Parent)

PAYMENT - Enclose Check Payable to "ASHAG" and/or complete ALL (required) Credit Card Information Below.
Pay ONLINE with Credit Card or send Form with Payment info to ASHAG, 1640 Monroe Jersey Road, Monroe, GA, 30655.

*** Please Help to support our breed with your OPTIONAL Southeastern Charity 501(c)3 Horse Show sponsorship ***
(Sending a check or money order for your payment will help you to avoid paying credit card convenience fee of \$3.00)

Check Number (Enclosed):	_____	Qualifying Class Sponsorship	<input type="checkbox"/>	@ \$100.00
Credit Card Holder Name:	_____	Championship Sponsorship	<input type="checkbox"/>	@ \$250.00
Exp Date:	_____	Grand Champion Sponsorship	<input type="checkbox"/>	@ \$500.00
CVV (Back)	_____	Zip Code	_____	

Credit Card Number (If Applicable)	Card Holder Signature	Sub-Total \$	Conv Fee	TOTAL \$ DUE

QUESTIONS? - Call Mallory at (770) 310-9947 or EMAIL: mallorysanders@windstream.net