



Kansas Horse Council
 Membership/Merchandise
 Membership Year is January 1 – December 31



Official Sponsor

Name: _____ Date: ____/____/____

Spouse Name: (for Family memberships) _____ Phone: (____) _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ County: _____

E-Mail: _____ Number of horses owned: _____

What types of horse activities most interest you? _____

Memberships

Kansas Horse Council, 8831 Quail Lane, Suite 201, Manhattan, KS 66502
 Phone: 785-776-0662/FAX: 785-539-2928/ Email: director@kansashorsecouncil.com

2021 Individual (Includes \$1,000,000 Personal Liability Insurance)	\$50.00	\$
2021 Family – Individual + spouse/partner + children under 18 (Includes \$1,000,000 Family Liability Insurance)	\$80.00	\$
2021 College Student (Copy of student ID required) <i>Under 18 must have parent or guardian signature & insurance will be listed under parents name. Parent Signature:</i>	\$35.00	\$
New Lifetime Individual Membership (Add \$20 for insurance) Liability insurance optional @ \$20 per year.	\$250.00	\$
New Lifetime Family Membership (husband, wife & children under 18) Liability insurance optional @ \$40 per year. (Add \$40 for insurance)	\$400.00	\$
Club/Business/Organization (no insurance) # of club members: _____	\$35.00	\$
Horsemanship Rewards Enrollment (Registration Form required)	\$35.00	\$

Merchandise

Equine/Livestock Limited Liability Law Warning Sign or Agri-Tourism Sign Tax & S/H included in price	\$30.00 KHC Member	\$
	\$40.00 Non-member	\$
Equestrian Trails in Kansas Postage fee	\$3.00	\$
Merchandise Purchase, Event Registration or Donation to KHC		\$
I would you like to make a tax-deductible donation to the Kansas Horse Council Foundation for student scholarships. <i>To receive a certificate for tax purposes please submit a separate check made out to the Kansas Horse Council Foundation. If no deduction is needed please include donation with membership payment.</i>	_____ \$5.00	_____ \$10.00
	_____ \$25.00	_____ Other
	TOTAL	\$

Credit Card: Visa / MasterCard / Discover **Check #:** _____

_____ Exp. Date: _____ 3-digit code: _____