



# Kansas Horse Council

## Membership/Merchandise Form



Contact Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Memberships:

<b><u>2022 Individual</u></b> - Includes \$1,000,000 Personal Liability Insurance	\$50.00	
<b><u>2022 Family</u></b> - Includes \$1,000,000 Family Liability Insurance Individual + Spouse/Partner + Children under 18	\$80.00	
<b><u>2022 Student</u></b> Copy of student ID required Under 18, must have parent/guardian signature: _____	\$35.00	
<b><u>Club Membership:</u></b> Number of Club members: _____	\$35.00	
<b><u>Lifetime Individual Membership</u></b> - Liability Insurance optional @ \$20/year	\$250.00	
<b><u>Lifetime Family Membership</u></b> - Liability Insurance optional @ \$40/year	\$400.00	
<b><u>Business/Organization</u></b> - no insurance	\$100.00	
<b><u>Horsemanship Rewards Enrollment</u></b> - Registration Form Required	\$35.00	
<b><u>NEW! Trails Advocate Level Membership - Individual</u></b> <small>Individual Enrollment for Kansas Horse Council and Back Country Horseman of Kansas</small>	\$80.00	
<b><u>NEW! Trails Advocate Level Membership - Family</u></b> <small>Family Enrollment for Kansas Horse Council and Back Country Horseman of Kansas</small>	\$100.00	

Merchandise:

<b><u>Equine/Livestock Limited Liability Law Warning or Agri-Tourism Sign</u></b>	Member: \$30.00	Non-Member: \$40.00	
<b><u>Equestrian Trails In Kansas Book</u></b>	\$3.00 + Postage Fee		
<b><u>Merchandise Purchase, Event Registration or Donation to KHC</u></b>			
<b><u>Tax-Deductible Donation to the Kansas Horse Council Foundation</u></b> <small>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.</small>	\$5.00	\$10.00	<b><u>Final Total:</u></b> _____
	\$25.00	Other: _____	

**Credit Card** - Visa / Mastercard / Discover

**Check #:** \_\_\_\_\_

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_