



MEMBERSHIP

NAME: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

COMPLETE ADDRESS: _____

Are you:

PRO NON-PRO/AMATEUR NON-PRO/YOUTH

Have you read, and do you meet, all of the requirements listed for Non-Pro/Amateur riders as outlined in the IWHA rules? _____

By submitting this application, I affirm that the information is true and correct. I agree to abide by all the rules of the Iberian Western Horse Association: _____

Telephone #: _____ **DATE:** _____