

NEVADA STATE HORSEMAN'S ASSOCIATION REGION V

MEMBERSHIP APPLICATION

Please print / one member per form

NEW () RENEWAL () LIFE MEMBER ADDRESS UPDATE () YEAR: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

E-MAIL: _____ Jacket Size: _____ FAX# () _____

TYPE: Senior: \$20 () Junior 17 & under: \$10 () Life \$200 ()

_____ Date of Birth of Junior: ____/____/____

Applicant Signature/Signature of Adult for Junior applicant: Junior date of birth is REQUIRED

NOMINATION INFORMATION – EXHIBITORS

You must nominate for Year End Awards \$20 fee

for exhibitor \$10 per horse nominated.

NAME: _____

NOMINATION INFORMATION – HORSES

(A copy of the horse's registration papers must be submitted to the Show Secretary with this form PLEASE).

NAME OF OWNER OF HORSE/S: _____

HORSE'S NAME: _____ BREED _____ DOB: _____

HORSE'S NAME: _____ BREED _____ DOB: _____

HORSE'S NAME: _____ BREED _____ DOB: _____

MEMBERSHIP FEES: \$ _____ NOMINATION FEES: \$ _____ TOTAL SUBMITTED: \$ _____

AMATEURS: I declare I meet the qualifications of an AMATEUR EXHIBITOR as specified in NSHA By-Laws and Rules, (Rule 3 Definition – Section 3 – Sentence "A")

AMATEUR SIGNATURE: _____ Date: _____

Upon completion of this application form, retain a copy for your records. **HOWEVER, membership does not become effective until verification has been made by the Secretary or Treasurer.** Visit www.nshalv.com for membership information. You may pay with check in person, or you may email this form to nshavegas@gmail.com and pay via Zelle at 702-370-1151

Payment Accepted by: _____ Verification Youth DOB: ___ YES ___ NO Horse Reg Papers Attached
_____ YES ___ NO

Age as of January 1st _____

____ JR Horse ___ SR Horse

Payment Made: ___ Check# _____ Payment Made Electronic: \$ _____ Date Payment Made ___/___/___

Amount \$ _____ PayPal _____ Credit Card

Date Payment Cleared ___/___/___