



ARKANSAS HUNTER JUMPER ASSOCIATION Membership Form 2020

Membership in AHJA entitles you to voting privileges, prize lists, e-newsletters, reduced event or clinic fees, and earning of points towards year end awards.

Please mail completed form and payment (made out to AHJA) to Janna Shepherd, 9504 Wilderness Road, Little Rock, AR 72209. Email any questions to ahja.secretary@gmail.com.

Date: _____

CHECK ONE: _____ Single Membership \$20 (1 Vote)
_____ Family Membership \$25 (2 Votes)

AHJA depends on the help and support of volunteers. Please indicate your interest in helping in any of the following ways:

_____ Show volunteer: Entry desk, jump crew, ribbons table, announcer, paddock, etc.

_____ Help with setting up jumps for shows and clinics.

_____ Year-end award banquet planning and silent auction.

_____ Serve on AHJA Board or Show committee.

Name of Rider: _____

Parent(s)/Guardian(s) of Rider (if under 18): _____

USHJA Membership Number (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Is this a cell? Yes ___ No ___

Alternate Phone: _____ Is this a cell? Yes ___ No ___

Email Address: _____

Show Name of Horse/Pony: _____

Breed: _____ Age: _____ Color: _____ Mare: ___ Gelding: ___

TIP Number (if applicable - OTTBs only): _____

Owner of Horse/Pony: _____

Address: _____

Trainer's Name: _____ Is Trainer a Member? Yes ___ No ___

If Not Member, Address & Phone: _____