



## ARKANSAS HUNTER JUMPER ASSOCIATION Membership Form 2018

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, 9508 Colonel Glenn Road, Little Rock, AR 72204. Email any questions to [ahja.secretary@gmail.com](mailto: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: \_\_\_\_\_