

# ASHAG - Annual MEMBERSHIP (RENEWAL) Application

**NOTE** - Competing members and any horse owned-leased by a competing member are eligible for the High Point Program. Points may be earned at any qualified (rated or non-rated) show in Georgia and out of state. Riders and horses become eligible to start accruing points when annual Dues and one-time Horse Nomination are received through submission of this form or online renewal at [www.ashag.org](http://www.ashag.org). Timely and accurate reporting of show results BY due date(s) is Owner, Lessor or Agent responsibility (see web site for Results Log Form).

**INSTRUCTIONS** - Complete ALL member Information fields below and select ONE Membership Type. Sustaining Members are Supporters of ASHAG who do not plan to compete for high point program awards.

Primary Member Name: \_\_\_\_\_  
 Street (PO) Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Primary Email Address: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_

Check Membership Type:  
 \$50.00  Family  
 \$30.00  Senior  
 \$30.00  Junior  
 \$20.00  Sustaining

Stable-Farm Affiliation (or NONE)	ASHA Number	Trainer or Coach Name

**ADD'L MEMBERS** - A total of (2) Senior and unlimited Junior family members may be included with FAMILY Membership

Type	Member Name	Email Address	ASHA #	Junior Birth Date

**HIGH-POINT NOMINATIONS** - Add Performance Horses or Academy-EQ Riders to be nominated with your Membership

Reg Number	Horse Registered Name OR Academy-Equitation Rider Name	Horse Owner-Lessor (OR Parent)

**PAYMENT** - Enclose Check Payable to "ASHAG" or complete ALL (required) Credit Card Information Below. Send Form with Payment to Lori Schmidt at 3490 Doster Road, Rutledge, GA, 30663 (or email to [lori.schmidt@outlook.com](mailto:lori.schmidt@outlook.com))

**\*\* Please Help to further support our Charter Club with your OPTIONAL ASHAG Horse Show Class Sponsorship \*\***  
 (Sending a check or money order for your payment will help you to avoid paying credit card convenience fee of 3%)

Check Number (Enclosed): \_\_\_\_\_  
 Credit Card Holder Name: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_ CVV (Back) \_\_\_\_\_ Zip Code \_\_\_\_\_

Qualifying Class Sponsorship  @ \$40.00  
 Championship Sponsorship  @ \$60.00  
 Open Jackpot Sponsorship  @ \$100.00

Credit Card Number (If Applicable)	Card Holder Signature	Sub-Total \$	3% Fee	TOTAL \$ DUE

**QUESTIONS?** - Call (706) 342-8834 or EMAIL: [lori.schmidt@outlook.com](mailto:lori.schmidt@outlook.com)