The American Saddlebred Horse Association of Georgia

2010 ASHAG MEMBERSHIP APPLICATION

Membership to be effective
November 1, 2009 to October 30, 2010

Check One: □ Renewal □ New

I hereby agree to abide by the ASHAG by-laws, rules and regulations now or hereafter in effect.

Name:_____

Address:_____

_____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Home Phone: _____ Bus/Cell #'s_____

Trainer: _____

MEMBERSHIP OPTIONS: (Check One)

□ Senior Membership - $20.00 (individual 18 years and older)

□ Family Membership - $30.00 (adult family members and children who have not reached their 18th birthday)

Adult # 1: _____

Adult # 2: _____

Children:
Name: _____Birthday: _____/_____/_____

Name: _____Birthday: _____/_____/_____

Name: _____Birthday: _____/_____/_____

□ Junior Membership - $10.00***

Name: _____Birthday: _____/_____/_____
***Applicant must be under 18 years of age as of 12/1/09

Mail Application & check payable to ASHAG to: Paula Yeska
900 Windsor Trail
Roswell, GA 30076-1348

For questions regarding membership, please contact Paula Yeska at 770-992-6521 or at pyeska@aol.com
A fee will be charged for any returned checks.