

AFFILIATED ASSOCIATION APPLICATION PART 1

UNITED STATES HUNTER JUMPER ASSOCIATION



Sponsor of
USHJA Affiliates Programs

UNITED STATES



HUNTER JUMPER ASSOCIATION

Associations must have the following characteristics to be eligible for affiliate membership in the USHJA: Affiliate members shall consist of any local, state, regional and national organizations, clubs, associations, corporations, and other groups that conduct equestrian competitions or other programs or events, educational institutions which offer equine related programs, and other organizations approved by the Board of Directors that have united together to form an association.

Affiliated Association Annual Membership Fee: \$125

ASSOCIATION INFORMATION

Association Name: _____

Association USEF/USHJA #: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail: _____

Website: _____

President: _____

President's USEF/USHJA # _____

**By submitting this application and membership dues,
you agree to uphold USHJA's Membership Code of Conduct**

Signature of Association President or Vice President:

Signature: _____

Date: _____

PAYMENT INFORMATION. DO NOT DETACH.

TOTAL AMOUNT ENCLOSED: \$ _____

PLEASE DO NOT SEND CASH (Make Check Payable to: United States Hunter Jumper Association).

Check # _____ Visa Master Card Discover Card AMEX

Card Number: _____ - _____ - _____ - _____

Exp. Date: ____ / ____

Card Holder's Name (Print) _____

Billing Zip Code _____

Card Holder's Signature: _____

In order for the Application to be processed both part 1 and part 2 of the application must be completed and submitted with payment.

AFFILIATE COUNCIL CONTACT PERSON INFORMATION

(All correspondence will be sent using the contact information provided below)

Contact Name: _____

Contact Person Title: _____

Contact's USEF/USHJA #: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail: _____

Alternate Contact Name: _____

Alternate Contact Title: _____

Alternate Contact Phone: _____

Alternate Contact E-mail: _____

PRIVACY STATEMENT: The Contact name, phone number and email address for the association will be posted on the USHJA website.

Mail Application and payment to:

USHJA, 3870 Cigar Lane, Lexington, KY 40511

Tel: (859) 225-6700 Fax: (859) 258-9033

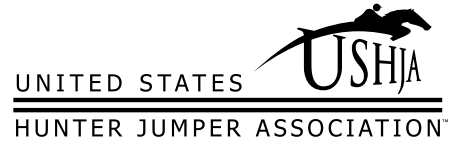
www.ushja.org

AFFILIATED ASSOCIATION APPLICATION PART 2

UNITED STATES HUNTER JUMPER ASSOCIATION



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USHJA Affiliates Programs



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Affiliated Association Annual Membership Fee: \$125

In order to better serve our Affiliate Associations please complete the following information survey:

Does your organization have individual members? Yes No

If Yes, how many members? _____

What is the estimated percentage breakdown of your membership?

_____ Professional

_____ Junior

_____ Amateur

How would you categorize your organization?

Academic Institution

Horse Show Association/Awards

If horse shows, how many per year? _____

Breed Specific Association

Other _____

Do you send a newsletter to members? Yes No

If Yes, is it Electronic or Print version?

How many issues per year? _____

What is your organization's mission statement or purpose?

Are you interested in participating in any of the following?

Affiliate Sportsmanship Awards (Deadline Sept. 1)

Outreach Hunter Classes

Outreach Medal Classes

ANRC Competitions

Other _____

Are you interested in hosting any of the following?

Trainer Certification Clinic

Emerging Athletes Training Session

Outreach Competitions

ANRC Competitions

Judges Clinics

Lunging Clinics

Unmounted Clinics

Other _____

Are there any additional programs that USHJA could offer to meet the needs of your Affiliate Association?

Do you offer educational programs or activities? Yes No

If yes, please describe _____

Additional Comments:
