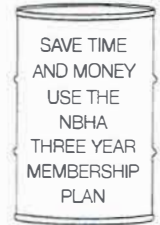


PO BOX 1988  
 AUGUSTA, GA 30903-1988  
 PHONE: 706-722-7223  
 FAX: 706-823-3700  
 WWW.NBHA.COM  
 E-mail: nbha@nbha.com



## MEMBERSHIP APPLICATION

<input type="checkbox"/> New Membership	<input type="checkbox"/> Renew Regular Membership	<input type="checkbox"/> Renew Charter Membership
<u>1 Year</u> <u>3 Years</u>	Member # _____	(Charter members joined prior to 1-1-93)
<input type="checkbox"/> \$65.00 <input type="checkbox"/> \$150.00	<u>1 Year</u> <u>3 Years</u>	Member # _____
	<input type="checkbox"/> \$65.00 <input type="checkbox"/> \$150.00	<u>1 Year</u> <u>3 Years</u>
Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> \$48.00 <input type="checkbox"/> \$120.00

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (hm): \_\_\_\_\_ Phone (wk): \_\_\_\_\_

SS Number: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail: \_\_\_\_\_

**NBHA District in which you will compete:** (only if different from home district)

NOTE: Members may only accumulate points in one district at a time. Members who change districts during competition year will lose any accumulated points.

State: \_\_\_\_\_ District # \_\_\_\_\_

### FAMILY MEMBERSHIP

The Family Membership Program applies to two (2) or more family members living in the same house. Family members are defined as: Husband, Wife, Parent, Child, Sister, Brother, Grandchild, Grandparent, or legal guardian. The first family member, whether adult or child, pays the full membership fee (\$62 for one year or \$150 for three years) in order to receive the reduced rates for other family members. All family members must be under the same plan. The family will receive one subscription to the **BARREL HORSE NEWS**. Family members may be added at any time. However, the new member(s) will expire at the same time as the existing members.

#### Additional Members:

Name	Sex	Birth Date	SS#	1 Year	3 Years
2nd Adult _____	<input type="checkbox"/> M / <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$120.00
3rd Adult _____	<input type="checkbox"/> M / <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$120.00

Children 18 & Under (**Age is determined by actual age on January 1st of the year in which this application is being submitted**)

Name	Sex	Birth Date	SS#	1 Year	3 Years
Child _____	<input type="checkbox"/> M / <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$75.00
Child _____	<input type="checkbox"/> M / <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$75.00
Child _____	<input type="checkbox"/> M / <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$75.00

Total Fees Submitted \_\_\_\_\_

**MAKE CHECKS PAYABLE TO NBHA - \$30 FEE CHARGED ON RETURNED CHECKS - PLEASE DO NOT SEND CASH**

Amount Received: \$ \_\_\_\_\_ Received By: \_\_\_\_\_ Title: \_\_\_\_\_

Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In making application for membership in the National Barrel Horse Association (NBHA), I hereby agree to abide by all of its rules and regulations and I understand that before competing in NBHA events I must read and sign the **NBHA ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT**. Applicant(s) acknowledges that he or she has no absolute property or other right to participate in NBHA events. This receipt may be used for 60 days as evidence of NBHA membership. Membership is good for twelve (12) months. Failure to produce this receipt or a current membership card at a sanctioned NBHA event may result in being charged a non-member fee.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is a minor, parent and/or guardian must sign above.