



International Friesian Show Horse Association

PO Box 2839, Lompoc, CA 93438 ♦ Voice: (805) 448-3027

Email: ifsha@friesianshowhorse.org ♦ http://www.friesianshowhorse.org

2017-2018 Horse Membership Application

(Please Print or Type)

This form is used to apply for the membership of a horse in IFSHA. The rules governing horse membership are stated in USEF FR 101, www.usef.org. For additional information see the IFSHA website or contact IFSHA at the above address.

- o For IFSHA Horse of the Year, and membership the owner of a horse may be recorded as a joint membership such as a husband and wife. Please state both names on application if desired to show joint ownership. Horse(s) may be registered by one or more individual members and/or under a farm name or legal entity.
- o To compete in an IFSHA Regional or National competition and to be eligible for the IFSHA HOTY awards, both the owner and the horse must be members of IFSHA in good standing.
- o To be eligible to be nominated by IFSHA as a candidate for USEF Pegasus and Farnam / USEF Horse of the Year Awards, the horse owner, and horse may be required to be members of IFSHA and the USEF in good standing for that competition year dependant on the award conditions which may vary.

LEGALLY REGISTERED HORSE OWNER(S) OR LESSEE(S):

Name: _____ Member Number (if known): _____

Name: _____ Member Number (if known): _____

*Please fill out the information below, one form for each horse. For new horse membership **attach a copy of the horse's registration paper and proof of permanent identification (forms for permanent ID can be found at www.friesianshowhorse.org)** to this application.*

Horse's Registered Name: _____ Horse Breed Registry: _____

Horse's Show or USEF Name: _____ Horse's Registration Number: _____

Tongue Tattoo/Chip Number (circle one): _____ Horse's Date of Birth: _____

USEF Recording or ID No.: _____ USDF Membership No.: _____ IFSHA Membership No. (if renewing): _____

Breeding: Purebred Part-bred Color: _____ Horse's Competition Gender: Gelding Mare Stallion

By signing this document the applicant believes that all of the information provided in and with this application is true and correct. That said applicant/ horse owner(s) - Lessee agrees that the horse is in compliance with and abides by USEF FR 101-Eligibility to compete, as stated at www.usef.org. Furthermore the applicant states under penalty of perjury that the horse owner(s) - Lessee has provided to the breed registry of choice the necessary information required to compete as stated in USEF Rules and Regulations FR-101, and has provided to IFSHA proof of permanent identification, and to abide by the USEF and IFSHA rules and regulations that are subject to change from time to time, and without notice. The applicant/ horse owner(s)- Lessee agrees that it is their responsibility to contact the IFSHA office with regard to any changes that may affect this application, or the horse(s) eligibility to compete. IFSHA hereby reserves the right to not accept or to revoke an application at any time if the application is deemed incomplete or not in compliance with USEF FR 101, and that if the applicant/ Horse Owner(s) - Lessee does not abide by the USEF and IFSHA rules and regulations at any time, that awards, points, prize monies may be forfeit. IFSHA competition year for is from Dec 1st to Nov 30th. IFSHA is a California not for Profit Corporation. Fees are quoted and are to be paid in US funds only, at the time application is made.

Horse Owner/Lessee Signature: _____ Date: _____

Mail the completed application, along with a copy of your breed registry registration certificate, and proof of permanent identification with payment in US funds, made payable to **IFSHA** at the address on the top of this form. We accept cash, check, VISA, MasterCard, Discover, and Am Ex.

Membership Fees (Select below) Total Amount Enclosed/Charged: _____

Annual: \$35.00

Lifetime: Weanlings in their birth year \$35.00 Yearlings \$85.00 Two Year Olds \$160.00 3 Year & Older \$250.00

Payment Method: Check Mastercard VISA Discover American Express

Name on Card: _____ Signature: _____

(Please Print)

Cardholder Address: _____

Card number: _____ Expiration date: _____ (Month/Year) Security Code _____