

NEVADA STATE HORSEMAN'S ASSOCIATION REGION V

MEMBERSHIP APPLICATION

Please print / one member per form

NEW () RENEWAL () LIFE MEMBER ADDRESS UPDATE () YEAR: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

E-MAIL: _____ Jacket Size: _____ FAX# (____) _____

TYPE: Senior: \$20 () Junior 17 & under: \$10 () Life \$200 ()

Applicant Signature/Signature of Adult for Junior applicant: _____ Date of Birth of Junior: ___/___/___
Junior date of birth is REQUIRED

NOMINATION INFORMATION – EXHIBITORS

You must nominate for Year End Awards

\$20 fee for exhibitor \$10 per horse nominated

NAME: _____

NOMINATION INFORMATION – HORSES

(A copy of the horse's registration papers must be submitted to the Show Secretary with this form PLEASE).

NAME OF OWNER OF HORSE/S: _____

HORSE'S NAME: _____ BREED _____ DOB: _____

HORSE'S NAME: _____ BREED _____ DOB: _____

HORSE'S NAME: _____ BREED _____ DOB: _____

MEMBERSHIP FEES: \$ _____ NOMINATION FEES: \$ _____ TOTAL SUBMITTED: \$ _____

AMATEURS: I declare I meet the qualifications of an AMATEUR EXHIBITOR as specified in NSHA By-Laws and Rules, (Rule 3 Definition – Section 3 – Sentence "A")

AMATEUR SIGNATURE: _____ Date: _____

Upon completion of this application form, retain a copy for your records. **HOWEVER, membership does not become effective until verification has been made by the Secretary or Treasurer.** Visit our website, www.nshav.com for membership information and current officer names and contact numbers. You may mail this form with check to Stephanie Mathieson (call for address 702-301-1996). You may email this form to nsharegv@gmail.com, pay via PayPal to nshavyouth@gmail.com or Venmo at 7023011996 or by credit card via Square.

Payment Accepted by: _____ Verification Youth DOB: ___ YES ___ NO Horse Reg Papers Attached
_____ Age as of January 1st _____ ___ YES ___ NO
_____ JR Horse ___ SR Horse

Payment Made: ___ Check# _____ Payment Made Electronic: \$ _____ Date Payment Made ___/___/___
Amount \$ _____ ___ PayPal ___ Venmo Date Payment Cleared ___/___/___
_____ Credit Card