

Baltimore County Horse Show Association

Membership Form

Member# _____

Horse/Pony # _____

Measurement Card # _____ Issuer _____

Member name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Junior Age As Of 12/01/09: _____ Date of Birth: _____

Horse/Pony: _____ Age _____

Color: _____ Sex: _____ Height: _____

Owner: _____ Trainer: _____

Membership Fees: Junior \$40 \$ _____

Senior \$40 \$ _____

Horse Recording: \$25 \$ _____

Total \$ _____

BCHSA USE ONLY

___ Cash ___ Check#

Date Received _____

Please Return Application and Membership Fees to:

Miranda Kolbe, BCHSA Point Keeper

3335 Willoughby Road

Parkville, MD 21234

Please fill out this form as completely and accurately as possible!
A signed waiver release form must be sent with your membership form.