

Baltimore County Horse Show Association

Membership Form 2012

Member # _____ (Not Required)

Horse/Pony # _____ (Not Required)

Measurement Card # _____ Issuer _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Junior Age as of 12/01/11: _____ Date Of Birth: _____

Horse/Pony: _____ Age: _____

Color: _____ Sex: _____ Height: _____

Owner: _____ Owner's BCHSA #: _____

Trainer: _____

Will you allow your riding pictures to be used on our website and facebook page?

_____ YES

_____ NO

Membership Fees: Junior \$40.00 \$ _____ BCHSA USE ONLY

Senior \$40.00 \$ _____ Date Received: _____

Horse Recording: \$25.00 \$ _____ Total Payment: _____

Total \$ _____ Check # or Cash: _____

Please Return Application, Membership Fees, and a Signed Waiver Release to:

Miranda Kolbe, BCHSA Point Keeper

3335 Willoughby Road

Parkville, MD 21234