

CENTRAL FLORIDA HUNTER & JUMPER ASSOCIATION, INC. - MEMBERSHIP APPLICATION

(Please Print)

**Make checks payable to: C.F.H.J.A. and mail to:
C.F.H.J.A., c/o C. Dreyer, 1604 53rd Street East, Palmetto, FL 34221**

Date: _____ Membership due Dec. 1 If paid by Jan. 1, points will count for Dec. After Jan. 1, point count starts when dues are paid. Show Year: Dec. 1 thru Nov. 30.

I hereby apply for membership for the year _____ and enclose payment in the amount

**of \$ _____ for one of the following (circle one): Junior: \$20 Senior: \$35 Life: \$200 Affiliate: \$35
(All memberships are for one individual only.)**

Affiliate Membership: Persons living outside the C.F.H.J.A. area, non- voting and points will not be recorded unless horses owned are stabled permanently within the C.F.H.J.A. boundary.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

AGE Dec. 1 _____ B-Day: _____ Home Phone: _____

Cell #: _____ Fax #: _____

e-mail: _____ Work #: _____

Membership must be exactly as Horse/Pony ownership is recorded with the USEF. Leased horses must be recorded with C.F.H.J.A. Please indicate owned or leased.

Stable with: _____ Trainer: _____

1. Horse/Pony : _____ Color: _____ Sex: _____ Height: _____ Age: _____ Own: _____ Lease: _____

Htr: _____ Jpr: _____ : Section: _____

2. Horse/Pony : _____ Color: _____ Sex: _____ Height: _____ Age: _____ Own: _____ Lease: _____

Htr: _____ Jpr: _____ : Section: _____

3 Horse/Pony : _____ Color: _____ Sex: _____ Height: _____ Age: _____ Own: _____ Lease: _____

Htr: _____ Jpr: _____ : Section: _____

4. Horse/Pony : _____ Color: _____ Sex: _____ Height: _____ Age: _____ Own: _____ Lease: _____

Htr: _____ Jpr: _____ : Section: _____

(H.S. Office use only) Horse #: _____ Show: Dec.: _____ May: _____ Sept: _____ Nov.: _____**

(MBS Chairman use only) Ck #: _____ Amt.\$ _____ Date rec'd: _____ Directory Sent: _____