

Year: _____



Kansas Buckskin Horse Association Membership Application

Member # 1 Last Name, First Name _____

Member # 2 Last Name, First Name _____

Member # 3 Last Name, First Name _____

Only names listed will receive membership in the Association. Horse OWNER & EXHIBITOR must be members for points to count for year-end awards.

Signature _____ Date _____

Mailing Address: _____

Phone: _____

Email address: _____

PLEASE FILL OUT FORM COMPLETELY & LEGIBLY SO KBHA CAN SEND YOU PERTINENT NEWS AND MEMBERSHIP INFORMATION!

Individual Membership \$25 (One Name - One Vote (excluding members under 18)

Check here if Individual Member is a Youth.

Family Membership \$40 (Head-of-Household and immediate family members under the age of 19 that live in the same household - Two Votes)

To save time when ordering year-end awards - if all other eligibility criteria is met:

Member Jacket size: _____ Additional Members jacket sizes: _____

Horse blanket/sheet size: _____ Additional horses sizes: _____

PLEASE RETURN FORM AND CHECK FOR APPROPRIATE MEMBERSHIP MADE TO: KBHA C/O SHERRI HASTINGS, 17209 SALEM RD, LAWSON, MO 64062 or pay with Venmo to: Kansasbuckskin and email form to smteddy91@yahoo.com.