

**ALL OHIO SHOW HORSE
ORGANIZATION
MEMBERSHIP APPLICATION**

PLEASE FILL OUT COMPLETELY

INDIVIDUAL \$ 25.00 _____ FAMILY \$ 30.00 _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

If family membership, please list member's full name:

_____	_____
_____	_____
_____	_____
_____	_____

Full Registered Name/Breed/Registration Number of Horse (s) Being Shown:

You may be required to show horse show registration papers if asked. You may turn in a copy to the secretary or bring a copy to the shows.

Date Paid: _____ Check # _____ Cash _____

Received Rule Book: _____ Date _____