



**SOUTHERN HUNTER JUMPER
ASSOCIATION**

Application for membership

I hereby apply for membership for the _____ show year and enclose payment in the amount of \$_____. (show year begins Dec.1st.)

	Membership Type	Dues Amount
_____	Family	\$45.00
_____	Individual	\$25.00

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Telephone _____ Fax _____

Date of Birth _____
(Juniors)

Please check if you do not want to be included in the membership directory

Mail application with payment to:
Post Office Box 14363 Tallahassee, FL 32317