

Rhode Island Horseman's Association

22 SOUTHMAYD STREET, NEWPORT, RI 02840 • 401-862-8712 • RIHAPOLITS@RIHORSEMAN.COM

YEAR _____
(December 1 – November 30)

____ NEW
____ RENEWAL

I hereby apply for and enclose payment for the following type of membership:

____ Life Associate (\$275)
____ Family (\$55/year)
____ Individual (\$35/year)

Membership Number: _____

Life Member Since: (if applicable) _____

Please send me prize list mailings for the following divisions:

____ Hunter/Jumper
____ Breed
____ None

MEMBER INFORMATION

Name: _____ Date of Birth _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Trainer: _____ Phone: _____

I hereby agree to abide by the Constitution and By-Laws of the Rhode Island Horseman's Association

Signature: (required) _____ Date: _____

POINT REGISTRATION

- Members who wish to accumulate points for Year-End Awards must register their horse/pony with the Point Secretary. Registration is required for points to count, even for lifetime members.
 - If your mount changes during the year, you must inform the secretary.
 - In order to be eligible for a High Score Award, a horse/pony (or rider in equitation classes) must win points in a minimum of two shows in their specified divisions.
 - Points will begin to accumulate only when your membership fee is received.
- ____ I do not wish to register for points.

JUNIOR EXHIBITOR OR AMATEUR INFORMATION

	NAME	SHOW AGE	DATE OF BIRTH	JUNIOR	AMATEUR
1.	_____	_____	_____	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> A (18-35) or <input type="checkbox"/> B (over 35)
2.	_____	_____	_____	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> A (18-35) or <input type="checkbox"/> B (over 35)
3.	_____	_____	_____	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> A (18-35) or <input type="checkbox"/> B (over 35)
4.	_____	_____	_____	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> A (18-35) or <input type="checkbox"/> B (over 35)

HORSE / PONY INFORMATION FOR POINT ACCUMULATION

	NAME	SIZE *	GREEN	SEX	OWNER (if different)	LEASED **
1.	_____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Sizes: H (horse), S (small pony), M (medium pony), L (large pony) ** Leased Horse/Pony: Send lease agreement to the Point Secretary.

Please fully complete form. Missing information may affect point standings. Be sure to enter shows under names appearing on this application.

DATE PAID _____ CK# _____