



2020 SFHJA MEMBERSHIP FORM

Name _____
 Address _____ DOB _____
 City/State/Zip _____ USEF # _____
 Email _____
 Trainer of Record _____ Phone # _____
 Age Division (as of 12/01) 11 & Under 12-14 15-17 18-35 36 & Over

Please choose how you would prefer to receive updates: TEXT EMAIL

Additional Family Members (Includes Parents and Juniors to age 18)

1.) _____ DOB _____ USEF# _____
 Age Division (as of 12/01) 11 & Under 12-14 15-17 18-35 36 & Over
 2.) _____ DOB _____ USEF# _____
 Age Division (as of 12/01) 11 & Under 12-14 15-17 18-35 36 & Over
 3.) _____ DOB _____ USEF# _____
 Age Division (as of 12/01) 11 & Under 12-14 15-17 18-35 36 & Over

HORSE RECORDING INFORMATION

Horse Recordings are Lifetime

Name of Horse/Pony _____ USEF# _____
 Owner _____ Height _____
 Age _____ Sex _____ Color _____ (Ponies/Juniors) SM MED LG
 Name of Horse/Pony _____ USEF# _____
 Owner _____ Height _____
 Age _____ Sex _____ Color _____ (Ponies/Juniors) SM MED LG

SFHJA DUES

Proper dues are required for points to count

Membership.....\$35.00 x _____ = \$ _____
 Horse Recording.....\$50.00 x _____ = \$ _____
 Lifetime Membership.....\$350.00 x _____ = \$ _____
Enclosed is my payment of: \$ _____

Make checks payable to
 SFHJA and mail form &
 Payment to:
 SFHJA
 1440 Coral Ridge Drive #191
 Coral Springs, FL 33071

I agree to SFHJA charging my credit card in the amount _____ for membership and/or
 \$ _____ horse recording.

Credit Card # _____ Expiration Date _____
 Security Code _____ Signature _____

FOR SFHJA USE ONLY:

Date Received: _____ Transaction# _____