

ILLINOIS HUNTER & JUMPER ASSOCIATION

2024 IHJA MEMBERSHIP ADD/CHANGE FORM

Mail To: IHJA ■ P.O. Box 250 ■ Gilberts, Illinois 60136 ■ (630) 973-8106 ■ www.ihja.com

* * IMPORTANT NOTICE: CHANGES ARE NOT RETROACTIVE * *

Points accumulation for horses and riders begins on date this form is submitted (and fees paid) at horse show office - or received at IHJA office.

Contact Informa	ation for person	requesting this change (in case	e additiona	al information	is needed):			
Name:				Ph	none: () _			
E-Mail:								
Member IHJA Nu	ımber:	Member Name				GE Member/Rider Eq	uitation Circuit	
					CURR	ENT:(circle) A / B	CHANGE TO:(circle) A / B	
CHANGES o	r TRANSFERS	of an already registered Hors	se (no fee	for changes to	o already registe	ered horses)		
Horse's Show Na	ame (please use USI	EF name for A circuit horses):	<u> </u>	-		·		
CURRENT HOR	RSE NAME:			Change to:				
INDICATE THE	OWNER/LEASEE NA	AME(s) TO BE SHOWN ON HORSE'S	POINTS AN	ND AWARDS EX	xamples: "Caroline S	Smith"", "Susie and Ca	ra Smith", or "Smith Family"	
Horse's Hunter/J	umper Point Circuit	CURRENT:(circle) A / B	C	CHANGE TO: (ci	rcle) A / B			
[] Check if	applicable: This	horse was bought/sold/leased,	and shoul	d be transferre	ed from one IHJ/	A membership to a	a different one.	
Transfer this hors	se From IHJA Memb	er Name/Number:		T0	IHJA Member Name	e/Number:		
		\$50 for each new horse	Complet	te this section	to add a new H	orse to an existin	g membership	
Horse's Show Na	ame (please use USI	EF name for A circuit horses):					Hunter/Jumper Circuit (circle) A / B	
	,	s) TO BE SHOWN ON HORSE'S POINTS/A ara Smith", or "Smith Family"	AWARDS	Sex (circle): Mare / Gelding / Stallion Height Age Color			USEF # (for A circuit horses)	
				Tielgiit	Age	Coloi		
Other Chanc	ges (please de	escribe):			<u> </u>			
Other Onang	ges (picase di	5361156).						
submitted to the	IHJA by the NEW	mitted for changes to any IHJA regis OWNER of any registered horse pure horse's IHJA registration was not co	rchased fror	n another IHJA	member. If the sell	er agrees, any points		
	•	eiving IHJA points for the sele HJA office. <u>Adds/Changes are</u>		•	this form (and	associated fees)	are submitted to the horse	
Name on Cred	dit Card			Exp. Date/ Billing Zip Code				
Credit Card N	umber					Security Code		
		d above is accurate. I understand that my cards will include a 3% administrative fe		is governed by th	ne current Illinois Hun	ter and Jumper Associa	tion, Inc. Rules and Regulations and I	
Signature:				Date:		Fees Enclosed:		
OFFICE USE	Date Receive	d:	Check #	<u>;</u>	Amount:			