



ILLINOIS HUNTER & JUMPER ASSOCIATION

2022 IHJA MEMBERSHIP APPLICATION

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

\*\* IMPORTANT NOTICE: MEMBERSHIPS 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.

Junior / Amateur Complete this section for each Junior or Amateur to be included in the membership
Junior/Amateur Member Name Date of Birth Equitation Circuit (circle one) A / B

Professional Complete this section for each Professional to be included in the membership
Professional Member Name Stable Name PRO Show Circuits (circle one or both) A / B

Please use a separate sheet of paper for additional members or horses.

Horses Complete this section for each Horse to be included in the membership
Horse's Show Name (please use USEF name for A circuit horses): Hunter/Jumper Circuit (circle one) A / B
INDICATE THE OWNER/LEASEE NAME(S) TO BE SHOWN ON HORSE'S POINTS/AWARDS Examples: "Caroline Smith", "Susie and Cara Smith", or "Smith Family" Sex (circle one): Mare / Gelding / Stallion USEF # (for A circuit horses)
Height Age Color

Contact Information (address to which membership cards and mailings are to be sent):

Name: Phone: ( )
Address: City ST Zip
E-mail address:
Stable: Trainer:

ARE YOU RENEWING? YES NO

Check Membership Type:

- \$ 55 Individual/Eq. Only (1 Junior or Amateur, no Horses)
\$ 65 Individual (1 Junior or Amateur, 1 Horse)
\$ 120 Family (2 Juniors or Amateurs, 2 Horses)

- \$ 150 Professional Stable (No Juniors/Amateurs, 3 horses)
\$ 75 Professional Trainer Only (No Juniors/Amateurs, no horses)
\$ 75 Show Manager
additional Junior/Amateur @ \$50 each
additional horses @ \$50 each

VISA M/C AMEX

Name on the Card Exp. Date / Billing Zip Code
Credit Card Number Security Code

I hereby certify that all information stated above is accurate. I understand that my membership is governed by the current Illinois Hunter and Jumper Association, Inc. Rules and Regulations and I agree to abide by those rules. All credit cards will include a 3% administrative fee.

I UNDERSTAND POINTS ARE NOT RETROACTIVE.

Signature: Date:

OFFICE USE Date Received: Check #: Amount: IHJA #: