



ILLINOIS HUNTER & JUMPER ASSOCIATION

2018 IHJA PROFESSIONAL MEMBERSHIP APPLICATION

Mail To: IHJA ▪ 2630 Loren Lane ▪ Algonquin, Illinois 60102 ▪ (847) 854-7569 ▪ 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.

Professional Member Name	Stable Name	PRO Show Circuits
		(circle one or both) A / B

Please use a separate sheet of paper for additional 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
	LEASED TO (if applicable):	Mare / Gelding / Stallion	Height	Age	Color	USEF # (for A circuit horses)
	Horse's Show Name:					Hunter/Jumper Circuit A / B
	LEASED TO (if applicable):	Mare / Gelding / Stallion	Height	Age	Color	USEF #
	Horse's Show Name:					Hunter/Jumper Circuit A / B
	LEASED TO (if applicable):	Mare / Gelding / Stallion	Height	Age	Color	USEF #
	Horse's Show Name:					Hunter/Jumper Circuit A / B
	LEASED TO (if applicable):	Mare / Gelding / Stallion	Height	Age	Color	USEF #
	Horse's Show Name:					Hunter/Jumper Circuit A / B
	LEASED TO (if applicable):	Mare / Gelding / Stallion	Height	Age	Color	USEF #
	Horse's Show Name:					Hunter/Jumper Circuit A / B
	LEASED TO (if applicable):	Mare / Gelding / Stallion	Height	Age	Color	USEF #

Stable Contact and Mailing Info: Name: _____ Phone: (____) _____
 Address: _____ city _____ st _____ zip _____
 E-mail address: _____

Membership Type: [] \$ 150 Professional Stable (no riders, unlimited horses) [] \$ 75 Show Manager

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. **I UNDERSTAND POINTS ARE NOT RETROACTIVE.**

Signature: _____ Date: _____

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