



ILLINOIS HUNTER & JUMPER ASSOCIATION

2025 IHJA PROFESSIONAL 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.

***** Trainers are required to be active members for customer points to count *****

Professional Member Name	Stable Name	PRO Show Circuits	USEF # (For A Riders Only)
		(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 #	

Stable Contact and Mailing Info:	Name: _____ Phone: (____) _____
	Address: _____ City _____ St _____ Zip _____
	E-mail address (required for Banquet Invitation): _____
Membership Type: [] \$ 150 Professional Stable (No riders, 3 Horses. Each Additional Horse \$50.00)	
Name on Credit 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 #: _____
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