



Kentucky Mountain Saddle and Spotted Mountain Horse Association
 P. O. Box 1405 • Georgetown, KY 40324
 859-225-5674 (office) • 859-252-9639 (fax) • office@kmsaha.com (email)



2017 MEMBERSHIP APPLICATION / RENEWAL FORM

Name: _____
 Mr. Mrs. Ms. First Last

Address _____
 City State Zip

Phone (home) _____ (work/cell) _____ E-Mail _____

	USA & Canada	International
Choose One Membership:		
Single Membership: one Primary account, one magazine subscription	<input type="checkbox"/> \$50	<input type="checkbox"/> \$ 75
Family Membership: one Primary member, one Spouse or Significant other, one Juvenile under 18 years of age, \$25 each additional Juvenile and two magazine subscription (must reside at same address)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$ 95
Business/Farm Membership: Business or Farm name, up to 2 other members, \$35 each additional member, two magazines subscriptions)	<input type="checkbox"/> \$160	<input type="checkbox"/> \$ 175
Youth Membership: one Juvenile account - must be under 18 at the time of membership, one magazine subscription	<input type="checkbox"/> \$ 35	<input type="checkbox"/> \$ 40

Lifetime Memberships Available:

Name(s) will be listed in KMSHA News and on a permanent Honorary Page to be displayed on the website. A special gift will be presented to Lifetime members to show the association's gratitude.

	STANDARD	INTERNATIONAL & CANADA
Lifetime Membership: one Primary account - non transferable, one magazine subscription	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 600
Lifetime Family Membership: one primary account, one add on account (non transferable), two magazine subscriptions	<input type="checkbox"/> \$ 700	<input type="checkbox"/> \$ 800
Lifetime Business Membership (company or farm up to 2 identified adult members)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,200

For Family or Business membership, please list persons to be included:

By signing below and/or tendering this membership application, I/we agree, as a condition of acceptance, to abide by the Bylaws, Rules and Regulations of the KMSHA/SMHA. I/We agree to cooperate with the disciplinary processes of the KMSHA/SMHA and any organization or group which sponsors KMSHA/SMHA events or shows and comply with all final applicable decisions determined by that process. In addition, I/we will assume full responsibility for all acts committed by the minor members of our family, if applicable and further agree that minor members of our family will also cooperate will also cooperate with the disciplinary processes of the KMSHA/SMHA and comply with any such final applicable decisions determined by that process without consideration of their minor status. I/we for ourselves and on behalf of the minor members of our family hereby agree to indemnify and hold harmless the officers, directors, employees, or agents of the KMSHA/SMHA and their sanctioning organizations or clubs from and against all claims, including any injury or loss suffered during or in connection with any activities relating to the KMSHA/SMHA or as a result of their carrying out their duties, whether or not such claim, injury, or loss resulted directly or indirectly, from the negligent acts or omissions of the aforementioned individuals, companies, or their employees or agents, except for criminal acts, willful or intentional misconduct or wanton or reckless disregard for human rights or safety.

NAME: _____ DATE: _____

PAYMENT: CK # _____ CREDIT CARD # _____ EXP _____ CODE _____

SIGNATURE _____ PAYPAL also accepted -KMSHA.com

OFFICE USE ONLY:

Date Paid: _____ Amount: _____ Expiration Date: _____ Reg: _____ PL: _____ Mag _____ Card: _____