

Spanish Barb Horse Association



Discover the horse that discovered America

APPLICATION FOR MEMBERSHIP

Membership Types: Breeder Family Individual Supporter/Junior (16 & under)
Annual Dues \$40.00 \$35.00 \$25.00 \$10.00

Name: _____

Ranch/Farm Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Website: _____

I am interested in: (please check one)

Owning and/or breeding Spanish-Barbs

Supporting the restoration and preservation of the breed and the goals of the SBHA through a General Membership

Yes or No Include my contact information on the membership list, distributed to members only.

As a member of the Spanish-Barb Horse Association, I agree to abide by the rules and regulations set forth in the SBHA Handbook.

Signature: _____ Date: _____

Please mail the completed form and your check or money order to:

SBHA Membership
P.O. Box 392
Trabuco Canyon, CA 92678-0392

For official SBHA use only:

Date Received: _____ Check # or Money Order: _____ Date Processed: _____