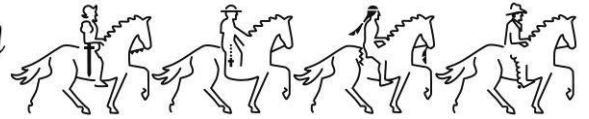

Spanish Barb Horse Association



Membership Application/Renewal

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

SBHA Membership
PO Box 766
Green Valley, AZ 85622

Type of Membership: Breeder Family Individual Junior (age 16 & under)
 \$40.00 \$35.00 \$25.00 \$16.00

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 telephone number and email address 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: _____

THANK YOU FOR YOUR SUPPORT!

For official use:

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

Processed: _____