



ILLINOIS HUNTER & JUMPER ASSOCIATION

2024 IHJA 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 & 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 ***

Junior /Amateur Complete this section for each Junior or Amateur to be included in the membership. Includes fields for Member Name, Date of Birth, Equitation Circuit, and USEF #.

Professional Complete this section for each Professional to be included in the membership. Includes fields for Professional Member Name, Stable Name, and PRO Show Circuits.

Horses Complete this section for each Horse to be included in the membership. Includes fields for Horse's Show Name, Hunter/Jumper Circuit, and owner/leasee information.

Contact Information (address to which membership cards and mailings are to be sent):

Name: _____ Phone: (_____) _____

Address: _____ City _____ ST _____ Zip _____

E-mail address (required for Banquet Invitation): _____

Stable: _____ Trainer: _____

Check Membership Type:

- Membership options: \$55 Individual/Eq. Only, \$65 Individual, \$120 Family, \$75 Professional Trainer Only, \$75 Show Manager, and additional horses @ \$50 each.

Name on the 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 #: _____