



ILLINOIS HUNTER & JUMPER ASSOCIATION

2023 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 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 *****

Junior /Amateur	Complete this section for each Junior or Amateur to be included in the membership		
Junior/Amateur Member Name	Date of Birth	Equitation Circuit	USEF # (for A circuit riders)
		(circle one) A / B	
		(circle one) A / B	

Professional	Complete this section for each Professional to be included in the membership		
Professional Member Name	Stable Name	PRO Show Circuits (circle one or both)	
		A / B	

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	
INDICATE THE OWNER/LEASEE NAME(S) TO BE SHOWN ON HORSE'S POINTS/AWARDS Examples: "Caroline Smith", "Susie and Cara Smith", or "Smith Family"			Sex (circle one): Mare / Gelding / Stallion		USEF # (for A circuit horses)
			Height	Age	
Horse's Show Name (please use USEF name for A circuit horses):				Hunter/Jumper Circuit (circle one) A / B	
INDICATE THE OWNER/LEASEE NAME(S) TO BE SHOWN ON HORSE'S POINTS /AWARDS			Sex (circle one): Mare / Gelding / Stallion		USEF # (for A circuit horses)
			Height	Age	

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

Name: _____ Phone: (_____) _____

Address: _____ City _____ ST _____ Zip _____

E-mail address: _____

Stable: _____ Trainer: _____

Check Membership Type:

- | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$ 55 Individual/Eq. Only (1 Junior or Amateur, no Horses) | <input type="checkbox"/> \$ 75 Professional Trainer Only (No Juniors/Amateurs, no horses) |
| <input type="checkbox"/> \$ 65 Individual (1 Junior or Amateur, 1 Horse) | <input type="checkbox"/> \$ 75 Show Manager |
| <input type="checkbox"/> \$ 120 Family (2 Juniors or Amateurs, 2 Horses) | <input type="checkbox"/> ___ additional Junior/Amateur @ \$50 each |
| | <input type="checkbox"/> ___ 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 #: _____
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OFFICE USE	Date Received: _____	Check #: _____	Amount: _____	IHJA #: _____
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