



MEMBERSHIP FORM

Please use only ONE form per member. Fee's can be combined onto one cheque for multiple memberships.

Member Name: _____

Date of Birth (if 18 & under): _____

Mailing Address: _____

Ph (mobile or home): _____

Email: _____

SHF Member Number: _____

Please make a conscious effort to renew your SHF membership before January 1 of each year to save your club a fee for non-current SHF members.

Single Year Adult Membership	\$50.00
Three Year Adult Membership	\$120.00
Single Year Youth Membership (18 & under)	\$15.00

All memberships run from date of purchase to December 31 of the current calendar year. Membership dues are not pro-rated

I do not consent to the use of my pictures by Prairie Arabian Working Western & Sport Horse Assoc.

I, _____ give Prairie Arabian Working Western & Sport Horse Association my consent to use my pictures on their website, Facebook page and other promotional materials.

- OR -

I, _____ legal guardian and/or parent of above youth, give Prairie Arabian Working Western & Sport Horse Association consent to use pictures of _____ on their website, Facebook page and other promotional materials.

Member Signature

Guardian/Parent Signature (if applicable)

Date

**Cheques can be made payable to Prairie Arabian Working Western & Sport Horse Association
Mailing Address: PO Box 658 Pilot Butte, SK S0G 3Z0**

- OR -

E-transfers can be sent to pawwsha@outlook.com

Please use "pawwsha" as the password, and indicate in the comments/note section what the funds are for.

We understand some of the above information is personal private. Please note all of your information on this form is confidential and is strictly for PAWWSHA use only; it will not be given out to any other individuals or organizations.