



## MEMBERSHIP & NOMINATION FORM

This form must be filled out completely & legibly. A membership and nomination fee for each horse, pony and/or rider must be paid prior to showing for earned point credits to count towards ASAW Season Trophy Awards.

### AMERICAN SADDLEBRED ASSOCIATION OF WISCONSIN

Date: \_\_\_\_\_

☐ New Membership

☐ Renewal

- 
- ☐ **Adult Individual Membership (\$45)**
- ☐ **\*\* Academy Membership (\$35)** - Member competing for academy points.
- ☐ **Jr. Membership (\$35)** - Member under age 17.
- ☐ **Family Membership (\$55)** - List all family members eligible for family membership.
- ☐ **Business Membership (\$65)**

NAME & AGE	EMAIL ADDRESS

**\*\* Note:** The **Academy Membership** fee includes the automatic nomination of the member for year end award points. A Family Membership shall be limited to only the immediate members (and horses owned by) one family (as defined by the Internal Revenue Service as legally entitled to fill a joint or head-of-household income tax return). This includes children and Junior Members age 17 and under (as of December 1st).

A Business/Farm Membership shall be limited to a legally chartered corporation including owners of the corporation's stock and those horses shown under their corporate business name.

Each membership shall identify one responsible person (voting member if family, farm or corporation) as its Designated Agent to represent his/her family, farm or corporate group in all matters pertaining to ASAW membership interests and obligations.

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APPLICANT'S NAME: \_\_\_\_\_

FARM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

CELL # \_\_\_\_\_ ALTERNATE # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BARN AFFILIATION: \_\_\_\_\_ VOTER'S NAME: \_\_\_\_\_

# NOMINATION INFORMATION

**EQUITATION NOMINATION** (non academy riders) ..... \$20.00 per rider

NAME	AGE	BIRTHDATE

## ACADEMY NOMINATION

**Note:** Family and Business Memberships must nominate Academy Members below (if applicable). Fee Applies

NAME	AGE	BIRTHDATE

Attach additional sheet if needed.

**JUNIOR EXHIBITOR 4-H MEMBER?** ☐ YES ☐ NO If Yes, what county \_\_\_\_\_

4-H MEMBERS NAME \_\_\_\_\_ No additional fees

**HORSE/PONY NOMINATION INFORMATION** ..... (\$25.00 per horse/

**PLEASE PRINT** (attach an additional sheet if needed)

NAME OF HORSE/PONY	ASHBA Registration #	OWNER(s)	*Age Category

\*Age Category for Country/Show Pleasure classes only: "A" 13 & under; "B" 14-17; "C" 18-38; "D" 39-49; "E" 50 & over

**RETURN THIS FORM ALONG WITH YOUR CHECK**

**PAYABLE TO A.S.A.W.**

**Mail to:**

**Mandy O'Leary/ ASAW**

**W1985 County Rd PP**

**Hilbert WI 54129**

**Your canceled check is your confirmation receipt.**

<b>Membership Dues</b>		<b>\$</b>
Horse Nominations	\$25.00/horse	<b>\$</b>
Equitation Nominations	\$20.00/rider	<b>\$</b>
<b>TOTAL ENCLOSED</b>		<b>\$</b>

**Contact us at:**

**ASAW.GetInfo@gmail.com or visit us at [www.ASAW.org](http://www.ASAW.org)**