



ASAW APPLICATION FOR HORSE SHOW MEMBERSHIP

Name of Horse Show: _____

Show Dates: _____

Location of Show: _____

Show Manager: _____

Address: _____

Phone: _____

Show Secretary: _____

Phone: _____

The Horse Show Membership Fee must accompany this application. **Checks are payable to ASAW.**
The fee is \$150.

SHOW RESULTS: a member show must submit to ASAW a complete and accurate record of all show results to be received within 15 days of the shows closing.

Would you like a set of mailing labels? Yes No

Mail or Email

To: _____

Mailing Address: _____

Email Address: _____

Please return completed membership application and forward all show results to:

Brandi Bushard
W7031 County Rd SS
Adell WI 53001
Brandij.foster@gmail.com