



**Alabama Hunter Jumper Association, Inc.**  
 PO Box 100514 ■ Birmingham, AL 35210 ■ ahja.assist@gmail.com

Visit our website for news, point standings, sponsor links and other resources: [www.alabahunterjumpers.org](http://www.alabahunterjumpers.org)

## 2019 Membership Application

Renewal     New

Date:	I am enclosing \$ _____ check # _____.		
AHJA Membership #:		<b>Trainer Name:</b>	
Name:		<i>Please print name in the exact manner in which it will be used to sign in at all horse shows.</i>	
Address:		Date of Birth (juniors only):    /    /	
City:		State:	Zip:
Home Phone:		Cell Phone:	
E-mail Address:		<i>Check if you would like to be added to our enews list.</i>	
Parent/Guardian email address:			
<b>Trainers:</b> <input type="checkbox"/> Please include my name, barn name, address and work phone in the online Trainers Directory. Barn Name: _____			
Annual membership dues:			
Family	<b>\$40</b>	Other Family Members: _____	
Individual	<b>\$30</b>		
Barn	<b>\$40</b>	<i>Trainers and barns</i>	
Life	<b>\$350</b>	<i>Lifetime for individuals and families</i>	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby agree to abide by all rules and regulations of the Alabama Hunter Jumper Association and the United States Equestrian Federation. I also agree to release its officers, members, employees and agents from any liability and all claims of any kind (including costs, expenses and attorney fees) that might result from damages, injuries or losses result directly or indirectly from the negligent act or omissions of the officers, members, employees or agents of the AHJA. The AHJA reserves the right to cancel the membership (and forfeit all year-end points) of any member for violations in accordance with USEF and/or the AHJA Constitution, By-Laws, Rulebook, and/or Show Management Rules.*

## Application for Horse Recording

**New Recording** *lifetime recording of horse*  
**Name Change** *to change the registered name on a horse with an existing AHJA membership*  
**Owner Change** *to transfer permanent ownership from one AHJA member to another AHJA member*  
**Lease Change** *to transfer temporary ownership from one AHJA member to another AHJA member*

Date:	<b>Coggins Test Date:</b>	<b>Result:</b>
AHJA Recording #: <small>(AHJA Administrator will provide)</small>		USEF Recording #: <small>(if available)</small>
Horse Show Name:		Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion
Breed:	Color:	Height:
Markings:		
Owner Name:		
Address:		Phone: (    )
City:	State:	Zip:
Previous Name/Owner <small>(if applicable)</small> :		

*Where horses are to be recorded and/or shown under a stable or farm name, same should be noted. There will be a \$50 NSF charge for all checks that are returned from the bank.*