

Member Information

First Name _____ **Last Name** _____ **MI** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Email** _____

Date of Birth _____ **Trainer** _____

Member Type Junior (\$25) Adult (\$35) Farm (\$55) **OHJA #** _____
(if renewal)

Horse Information

Horse Name _____ **OHJA #** _____ **Foaling Date** _____
(if renewal)

Color _____ **Sex** _____ **Height** _____

Horse Registration (\$20)

Payment Information

Card Number _____

Cardholder Name _____

Expiration _____ **Security Code** _____ **Zip** _____

Mail or email form and payment to:

Kathy Valentine • OHJA Executive Secretary
2010 Cedarville Road • Goshen, OH 45122
E: kvalentine2@cinci.rr.com • P: (513) 625-2075