

Kansas Horse Council



Collegiate Membership 2010

Membership Year is January 1-December 31

Name: _____ Age: _____ Date: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ E-Mail _____

Phone: (____) _____ Name of School: _____

Number of horses owned: 1 - 10 11 - 50 51+

Membership

College Student Membership <i>Includes \$1,000.000 liability policy</i>		\$35.00
Copy of student ID must accompany application		
	Total	\$ 35.00

If applicant is less than 18 years of age, parent signature is required and insurance will be listed under parents' name.

Parent Signature: _____

Printed Name: _____

Make check payable to Kansas Horse Council and send with application and copy of your student ID to address below. If no school ID is available, please send confirmation of enrollment on your school's letterhead.