

MEMBERSHIP APPLICATION

Our membership year runs from January 1 to December 31

To pay by mail send completed form to:

North American *Suffolk* Horse Association

Zelda Gagliardi, Secretary
4170 NE 43rd AVE
High Springs FL 32643-5678

To pay with paypal visit:

<https://suffolkpunch.com/forms/42-membership-application>

OFFICE USE ONLY		
Date Paid _____	Cash	Notes:
Amt. Paid _____	Check #	

Name: _____

Address: _____ New Address? ☐

City: _____ State or Prov: _____ Zip: _____ Country: _____

Phone: (____) _____ Email address: _____ New Email? ☐

I have an email address on file and am opting OUT of the Electronic Election process.

☐

Membership is \$60.00 US Dollars per individual. Make check payable to 'North American Suffolk Horse Association' or 'NASHA'.

I DO NOT want to place the above information on a list of active owners and breeders that will be:

____ distributed to inquiries of the NASHA only ____ or placed on the website. ____ member is under age 18 (all info private)