

East Coast Buckskin Horse Association

2020 Membership Form

Check Membership Type:

- | | |
|--|----------|
| _____ Youth (18 and under as of January 1) | \$10 |
| _____ Individual (19 and over as of January 1) | \$20 |
| _____ Family (includes 2 adults and children 18 and under) | \$30 |
| _____ Individual Lifetime | \$100 |
| _____ I would like to become a sponsor | \$ _____ |

Memberships Expire Dec 31, 2020 regardless of when submitted

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number (_____) _____

Spouse Name _____

Names and birthdates of youth: _____

Are you a member of IBHA? _____ Yes, IBHA # _____

_____ No

Please make checks payable to East Coast Buckskin Horse Association

Mail to: Julie McCutcheon 18546 Lappans Road Boonsboro, MD 21713

Or Email form to: ecbuckskin@gmail.com

For Office Use Only

Date received _____ Check # _____