



# 2024 SFHJA Membership

Name \_\_\_\_\_  
 Address \_\_\_\_\_ DOB \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ USEF # \_\_\_\_\_  
 Email \_\_\_\_\_  
 Trainer of Record \_\_\_\_\_ Phone # \_\_\_\_\_  
 Age Division (as of 12/01) 11 & Under 12-14 15-17 18-35 36 & Over

Please choose how you would prefer to receive updates: TEXT EMAIL

Additional Family Members (Includes Parents and Juniors to age 18)

1.) \_\_\_\_\_ DOB \_\_\_\_\_ USEF# \_\_\_\_\_  
 Age Division (as of 12/01) 11 & Under 12-14 15-17 18-35 36 & Over  
 2.) \_\_\_\_\_ DOB \_\_\_\_\_ USEF# \_\_\_\_\_  
 Age Division (as of 12/01) 11 & Under 12-14 15-17 18-35 36 & Over  
 3.) \_\_\_\_\_ DOB \_\_\_\_\_ USEF # \_\_\_\_\_  
 Age Division (as of 12/01) 11 & Under 12-14 15-17 18-35 36 & Over

## HORSE RECORDING INFORMATION

Horse Recordings are Lifetime

Name of Horse/Pony \_\_\_\_\_ USEF# \_\_\_\_\_  
 Owner \_\_\_\_\_ Height \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ (Ponies/Juniors) SM MED LG  
 Name of Horse/Pony \_\_\_\_\_ USEF# \_\_\_\_\_  
 Owner \_\_\_\_\_ Height \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ (Ponies/Juniors) SM MED LG

## SFHJA DUES

Proper dues are required for points to count

Membership..... \$35.00 x\_\_ = \$ \_\_\_\_\_  
 Horse Recording..... \$50.00 x\_\_ = \$ \_\_\_\_\_  
 Lifetime Membership..... \$350.00x\_\_ = \$ \_\_\_\_\_  
**Enclosed is my payment of:** \$ \_\_\_\_\_

Make checks payable to SFHJA and mail form & Payment to:  
 Caitlyn Flynn  
 15904 44th Street N.  
 Loxahatchee, FL 33470

I agree to SFHJA charging my credit card in the amount \$ \_\_\_\_\_ for membership and/or horse recording.

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

### FOR SFHJA USE ONLY:

Date Received: \_\_\_\_\_ Transaction# \_\_\_\_\_