

UNITED STATES ICELANDIC



HORSE CONGRESS

38 Park Street, Montclair, New Jersey 07042  
Phone: (973) 783-3429 Fax: (973) 783-0777

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**If you wish to have your name and address kept private, please check box**

**Do you own an Icelandic Horse?**  Yes  No **Is this your First Time application?**  Yes  No

**TYPE OF MEMBERSHIP:**  **Individual** (\$35.00 per year)

**Family** (\$60.00 per year) (Incl. 2 adults and children 17 and under.)

**If you have chosen a family membership please name the children that are interested in Icelandic Horse Youth activities.**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_

**Must be current paid USIHC member to be able to participate in the below Farm Listing.**

**Farm Listing** \$110.00 per year

For those farms wishing to have their name included in the information package sent out by USIHC in response to request for information about the Icelandic Horse.

**Please indicate how you would like to be listed on the Farm List.**

Farm Name: \_\_\_\_\_

Owners: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Membership fee \$ \_\_\_\_\_

Farm Listing fee \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Please send check or money order (do not send cash) made payable to: U.S.I.H.C.

Please return form with your payment: **Betsy Covert**

**USIHC Treasurer**

**1515 Edison Street**

**Santa Ynez, CA 93460**

We do not accept Canadian checks. All non U.S. Memberships must be sent in U.S Traveler's Checks.