



National Snaffle Bit Association
 4203 Grove Avenue
 Gurnee, IL 60031
 847.623.6722 847.625.7435 (Fax)
 www.nsba.com

NSBA Membership Application

Important: All memberships expire December 31. Memberships taken after October 1 will expire the following year. Please allow 30 days for processing. U.S. Funds only. One form per membership - duplicate if needed.

Membership type: (check one)

Owner Exhibitor Owner & Exhibitor
(Owners' name (s) on membership must read exactly as it appears on horses' registration papers) (Owner & Exhibitor are one and same)

Check here if name or address changed (Please print clearly)

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip + 4: _____

Home Phone: () _____ - _____ Day Phone: () _____ - _____

E-Mail: _____

Yes, I would like NSBA to send me the monthly newsletter via e-mail

Rider Division:

Open Rider Non Pro Rider (May hold a current breed amateur card) Youth (Must hold a current youth card)
 Breed Amateur card is held with _____ Breed/FFA Youth card is held with _____
 Amateur Card Number _____ Youth Card Number _____

Breed Affiliation: AQHA APHA ApHC PHBA PtHA IBHA POA

Membership level:	<input type="checkbox"/> Regular	(includes a magazine subscription)	\$45
(Check one)	<input type="checkbox"/> Additional	(each additional family member – no magazine)	\$25
	<input type="checkbox"/> Youth	(no magazine)	\$25
	<input type="checkbox"/> 3 year	(includes a magazine subscription)	\$110
	<input type="checkbox"/> Lifetime	(includes magazine for 1 year)	\$250
	<input type="checkbox"/> Subscription Only		\$30
	<input type="checkbox"/> Add \$5 Canadian address		\$5
	<input type="checkbox"/> Add \$5 Renew at Show		\$5
	<input type="checkbox"/> Duplicate Membership		\$5
	<input type="checkbox"/> I would like to make a donation to the NSBA Animal Welfare Fund		\$ _____
	<input type="checkbox"/> I would like to make a donation to the NSBA Crisis Fund		\$ _____

Total amount enclosed and/or charged \$ _____

Payment method: Check/Money order enclosed MC/VISA/American Express
(4% processing fee applies)

Credit Card #: _____ Exp Date: _____ 3-digits on back of card _____

Signature: _____