



National Snaffle Bit
 Association
 1391 St. Paul Ave
 Gurnee, IL 60031
 (847) 623-6722 Fax (847) 625-7435
 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.

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: _____

Membership type: (Select all that apply) NSBA ID # (if known) _____

Owner (Owners' name(s) on membership must read exactly as it appears on horses' registration papers)

Open Rider

Non Pro Rider (May hold a current breed amateur card)

Breed Amateur Card is held with _____ Amateur Card Number _____

Youth (Must hold a current youth card)

Breed/FFA Youth Card is held with _____ Youth Card Number _____

Breed Affiliation: AQHA APHA ApHC PHBA PtHA IBHA ABRA POA

Membership level:	<input type="checkbox"/> Regular	(includes a magazine subscription)	\$65
(Check one)	<input type="checkbox"/> Additional	(each additional family member at same address--no magazine)	\$35
	<input type="checkbox"/> Youth	(no magazine)	\$35
	<input type="checkbox"/> 3 year	(includes a magazine subscription)	\$175
	<input type="checkbox"/> Lifetime	(includes magazine for 1 year)	\$1,500
	<input type="checkbox"/> International		\$35
	<input type="checkbox"/> Subscription Only		\$35
	<input type="checkbox"/> Add \$5 Canadian address		\$5
	<input type="checkbox"/> Add \$10 Renew at Show		\$10
	<input type="checkbox"/> Add \$25 Rush Charge		\$25
	<input type="checkbox"/> Duplicate Membership		\$10
	<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		\$ _____
	<input type="checkbox"/> I would like to make a donation to the NSBA Youth Scholarship		\$ _____

Total amount enclosed and/or charged \$ _____

Fees above are the discount for cash and check paying customers

Payment method: Check/Money order enclosed MC/VISA/American Express/Discover

Credit Card #: _____ Exp Date: _____ 3-digit Card Security Code _____

Signature: _____