

OKLAHOMA BUCKSKIN HORSE ASSN 2024 MEMBERSHIP

If paid by the end of the first show: \$30 SINGLE If paid AFTER the end of the first show: \$35 SINGLE					
NAME:			SSN / DL #:		
ADDRESS:					
CITY:			STATE:	ZIP:	
CELL PHONE:		EMAIL	<u>.</u>		
Would you like to receive the Newsletter by:	EMAIL		MAIL	OR BOTH	
IN CASE OF EMERGENCY, NAME:			& PHONE:		
SIGNATURE:		DATE:			
**If family membership is app	lied for,	list name,	age, and relation	onship of each person.	
Name			Age	Relationship	
Are you a current member of ABRA?	NO	YES	IF YES: ABRA #		
Do you hold an ABRA Amateur card?	NO	YES	IF YES: ABRA Amateur #		
Do you hold an ABRA Youth card?	NO	YES	IF YES: ABI	RA Youth #	
Eligibility for OBHA YEAR END AWARDS: Exhibe a current member AND work 3 segments pe Examples of work segments include, but not lim to office, ring assistant, shavings help, set up aup judge lunches, acquire sponsorships, payou	r exhibitonited to: 0 nd take o	or. Exhibitor Open or Clo down trail ol	rs may find the sose gates during	ign up info at the office of each show. show day, help run announcer sheets	
IF YOU WOULD LIKE TO PAYOUT YO	OUR 3 V	WORK SE	EGMENTS, C	LICK HERE: \$90	
Please send comp Ellen Mader - OBHA Treasurer 960			•	• •	
OFFICE USE - Payment Type: Cash		Check	#	Total Paid \$	

Date Received: ___

_____ 2024 OBHA #: ___