



OKLAHOMA BUCKSKIN HORSE ASSN 2025 MEMBERSHIP

If paid by the end of the first show: **\$30 SINGLE** _____ **\$50 FAMILY** _____

If paid AFTER the end of the first show: **\$35 SINGLE** _____ **\$55 FAMILY** _____

NAME: _____ **SSN / DL #:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CELL PHONE: _____ **EMAIL:** _____

Would you like to receive the Newsletter by: **EMAIL** _____ **MAIL** _____ **OR BOTH** _____

IN CASE OF EMERGENCY, NAME: _____ **& PHONE:** _____

SIGNATURE: _____ **DATE:** _____

****If family membership is applied for, list name, age, and relationship 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: ABRA Youth #** _____

Eligibility for OBHA YEAR END AWARDS: Exhibitors desiring to participate for OBHA Year End Awards are required to be a current member AND work 3 segments per exhibitor. Exhibitors may find the sign up info at the office of each show. Examples of work segments include, but not limited to: Open or Close gates during show day, help run announcer sheets to office, ring assistant, shavings help, set up and take down trail obstacles, bring snacks/ice to show for exhibitors, pick up judge lunches, acquire sponsorships, payout segments, etc.

* IF YOU WOULD LIKE TO PAYOUT YOUR 3 WORK SEGMENTS, CHECK HERE: \$90 _____

Please send completed Membership Form, with payment, to:

Ellen Mader - OBHA Treasurer - 9608 S. 33rd W. Ave * Tulsa, OK 74132 -- ejmranch58@gmail.com

OFFICE USE - Payment Type:	Cash _____	Check # _____	Total Paid \$ _____
	Date Received: _____	2025 OBHA #: _____	