



American Saddlebred Horse Association of Ohio, Inc

Academy Membership Form

www.OhioSaddlebred.com

Year 2025

Mail to: Kelley Norris
Point Secretary
5890 Rainwater Way
Columbus, OH 43228

Academy Riders, each \$15

Date: _____

Type of Membership: **ACADEMY**

Name: _____ Email: _____

Address: _____ City: _____ State: _____

Postal Code: _____ Phone: _____ Mobile: _____

NOTE: You must show at three (3) ASHAO APPROVED SHOWS to qualify for HIGH-POINT AWARDS. The ASHAO Horse Show Counts as 2 shows.

To register your rider(s) for HIGH-POINT AWARDS, please fill out the information below:

For Academy Youth Riders: New requirement – Date of Birth (DOB) Age is considered your child's age on December 1, 2024.

Rider: _____ DOB: _____

Rider: _____ DOB: _____

Rider: _____ DOB: _____

Rider: _____ DOB: _____

Rider: _____ DOB: _____

Rider: _____ DOB: _____

Instructor: _____

Date: _____ Check # or Credit Card: _____ Amount: _____

Make checks out to: ASHAO

PayPal to ashaohio@gmail.com - \$5.00 Surcharge