



OFFICE USE ONLY

ISWHA Member # \_\_\_\_\_
Competition Card # : \_\_\_\_\_
Year: \_\_\_\_\_

Application for ISWHA Competition Awards Program
"CAP"

Name of Business or Farm \_\_\_\_\_ + Phone Landline \_\_\_\_\_ + Phone Mobile \_\_\_\_\_

Full postal address \_\_\_\_\_ State/County \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Surname \_\_\_\_\_ Given Names \_\_\_\_\_ Date of Birth( dd/mm/yyyy) \_\_\_\_\_ + Phone # (inc Country code e.g. +44- ) \_\_\_\_\_

Full postal address \_\_\_\_\_ State/County \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_

Horse's Name \_\_\_\_\_ Registration # \_\_\_\_\_ Horse's Name \_\_\_\_\_ ISWHA # \_\_\_\_\_

Horse's Name \_\_\_\_\_ Registration # \_\_\_\_\_ Horse's Name \_\_\_\_\_ ISWHA # \_\_\_\_\_

Horse's Name \_\_\_\_\_ Registration # \_\_\_\_\_ Horse's Name \_\_\_\_\_ ISWHA # \_\_\_\_\_

Enclosed Fees

Competition Cards QTY \_\_\_\_\_ Competition Cards at \$50 per horse per year \$ \_\_\_\_\_

[ ] New Applicant or [ ] Card Renewal for # \_\_\_\_\_

[ ] Check here if you would like us to renew your annual Competition Card automatically each year.

TOTAL \$ \_\_\_\_\_

Visa/Mastercard # \_\_\_\_\_ Exp \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

For PayPal payments, please use contact.ISWHA@gmail.com

Signature \_\_\_\_\_ Date \_\_\_\_\_ and attach a copy of the receipt.

I certify that the information on this form is true and correct to the best of my knowledge. I understand and agree to the rules and regulations for membership and the with the ISWHA.

Applicant's Signature Date (DD/MM/YYYY)