



The International Spanish Warmblood Horse Association

OFFICE USE ONLY

ISWHA Member # \_\_\_\_\_

Competition Card # : \_\_\_\_\_

Year: \_\_\_\_\_

Application for ISWHA Membership
General/Limited/Youth/Family

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

Full postal address State/Country Country

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

Name of Additional Senior Member at this address: ISWHA # \_\_\_\_\_

Names and birthdates of additional Junior Members at this address: \_\_\_\_\_

Information for Membership Applications

- If your application is accepted, your name and address, as provided above, must be recorded in a register of members...
• If your application is accepted you are entitled to inspect and make a copy of the rules (constitution) of the association...
• You can access or correct personal information (your name and address) by contacting the Association.

Enclosed Fees

Table with 3 columns: Membership Type, Quantity (QTY), and Price. Rows include Limited Membership, Youth Membership, Annual Membership Fee, 5 Year Membership Fee, Family Membership, and Lifetime Membership Fee.

- ☐ New Applicant or ☐ Membership Renewal for # \_\_\_\_\_
☐ Check here if you would like us to renew your annual membership 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)