



OKLAHOMA BUCKSKIN HORSE ASSN 2010 MEMBERSHIP

\$20 SINGLE _____

\$25 FAMILY / FARM _____

NAME: _____ SSN / DL #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____ WEBSITE: _____

IN CASE OF EMERGENCY: _____

SIGNATURE: _____ DATE: _____

If family or farm membership is applied for, list name, age, and relationship of each person.

Name	Age	Relationship

Are you a current member of ABRA? YES NO ABRA # _____

Do you hold an ABRA Amateur card? YES NO ABRA Amateur # _____

Do you hold an ABRA Youth card? YES NO ABRA Youth # _____

Please send completed application with payment to:

Marilee Nies - OBHA Treasurer

PO Box 978

Oologah, OK 74053

OFFICE USE - Payment Type: Cash _____ Check # _____ Total Paid \$ _____

Date Received: _____ 2010 OBHA #: _____