

MEMBERSHIP APPLICATION

New Membership Application Membership Renewal				
Individual	Individual Three Year Individual Lifetime	Family J	unior Junior Lifetime	
Name:				
Address:				
,	State: Zip Code:			
	Email:			
I am a Unite	ed States Citizen and/or my primary residence* is the United States. *Primary Residence - must reside in the US for a minimum			
			of 6 months and one day per	
Regional Club	(optional):		calendar year to be eligible.	
If you have selecto be included in	cted a Family Membership please complete the to the membership (use the back of the page to add	following for the so d more family men	econd adult and any children nbers):	
Name	Year of Birth	Email		
	(juniors only)	(optional)		
Farm Listir	ng Paid members of the USIHC may opt to include a farm listing	ng on the Congress' we	bsite (www.icelandics.org) and printer	
Farm:	in The Icelandic Horse Quarterly. There is a \$110.00 annual fee for the farm listing in addition to your membership fee. Owners:			
Address:	Owners.			
7 (ddi 033. .				
City:	State:	Zip (Zip Code:	
Phone:	Email:	Web):	
М	embership Fees & Restrictions			
Individual	\$60/year	Membership Fe	e: \$	
	\$150/ Three Year Membership \$1200/ Lifetime Membership	Farm Listing Fe	e: \$	
		W/C Fund Dor	nation: \$the World Champion team)	
Family	\$80/year Two adults and unlimited children (under 18 years) living in the same household. Adults can vote.	Youth Fund Do	·	
Family		(optional support for	·	
\$50/year or \$280/Lifetime membership One child (under 18 years). Not eligible to vote. Lifetime membership is valid until 18.		_	Donation: \$ Breeding Evaluations)	
DI.			Total: \$	
Please m	ake checks payable to "USIHC" and mail			

Please make checks payable to "USIHC" and mail to the address below:

N2746 Hardscrabble Road Palmyra, WI 53156, USA

(866) 929-0009 [ext 1]

info@icelandics.org