

**2009  
AMERICAN HUNTER-JUMPER FOUNDATION  
ANNUAL MEMBERSHIP APPLICATION**

- New member                       Renewal

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

AHJF # (Same as your USEF #—mandatory) \_\_\_\_\_

SS# \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Today's Date \_\_\_\_\_

**SELECT A DIVISION**

- Junior                       Children's                       Pony                       Non-rider  
 AO                       Adult Amateur                       Professional

Members must designate one WCHR division and one WCHR region. Points will be accumulated in only that division and region. Members must contact the AHJF in writing to change their division and region.

**CLAIM A REGION**

- North East:                      ME, NH, VT, MA, CT, RI, NY, NJ  
 Mid Atlantic:                      PA, DE, WV, MD, VA  
 South East:                      NC, SC, GA, AL, MS, FL  
 Midwest:                      ND, SD, MN, NE, KS, IA, WI, MO, IL, IN, MI, OH, KY, TN  
 South Central:                      OK, TX, AR, LA  
 Central Mountain:                      UT, AZ, CO, NM, OK  
 North West:                      OR, WA, ID, MT, WY, AK, BC  
 South West:                      CA, NV, HI

**CHOOSE A MEMBERSHIP CATEGORY**

- Lifetime Member                      \$2,000.\*\*  
 Patron Member                      \$1,000. & HIGHER  
 Contributing Member                      \$100.-999.  
 Basic Member                      \$50.-99.  
 \*Family Membership                      \$125.

\* A family is defined as related members residing in one household. You **MUST** complete a membership form for each family member.

\*\* No portion of a lifetime membership fee to the AHJF is considered a charitable contribution.

- I would like to make an additional tax deductible contribution to the AHJF Emergency Relief Fund                      \$ \_\_\_\_\_

**PAYMENT**

Include membership fee by check made payable to AHJF and mail to:  
 AHJF Membership Department • PO Box 369, West Boylston, MA 01583  
 Pay by Credit Card—Circle One—VISA MASTERCARD AMEX

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ 3-digit Code \_\_\_\_\_

- Please contact me regarding sponsorship opportunities

**CHECK WCHR RULES AT WWW.AHJF.ORG**