Irish Draught Horse Society of North America Membership Form

| Mem. YEAR DNE | W Membership | ☐ RENEWAL Membership / Existing Membership | per No. |
|---|------------------------|--|--|
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| PLEASE <u>PRINT</u> ALL INFORMAION MEMBERSHIP LEVEL | FEE | NAME | |
| | IN US DOLLARS | OF INDIVIDUAL | PLEASE NOTE: ALL membership levels |
| □ LIFETIME (1 vote) | \$600.00 | Voter #1 | include the IDHSNA publication, "The |
| (listing in "The Blarney") | | | Blarney". |
| ☐ FARM (2 votes) (two "The Blarney" Subscriptions) (farm listing in "The Blarney") | \$150.00 | Voter #1 | |
| | | Voter #2 | Farm Membership entitles "Farm" to |
| | | | receive two copies of "The Blarney". |
| ☐ FAMILY (2 votes) | \$80.00 | Voter #1 | |
| | | Voter #2 | OPT OUT: I would |
| ☐ GENERAL (1 vote) | \$50.00 | Voter #1 | like to opt-out entirely from being published in the IDHSNA Member |
| ☐ JUNIOR (no vote, <18 years) | \$25.00 | DOB (required) / / | Diagraphy |
| THE MEMBERSHIP YEAR RUNS FRO | OM JANUARY 1 - DI | Credit Card (online). Online Confirmation #: ECEMBER 31. MEMBERSHIPS RENEWED AFTER THE Extober 31), WILL BE NON-VOTING FOR THAT CALENDAL | ELECTION RECORD DATE |
| | | | |
| Name (individual or farm) | | Primary Contact (for Farm Membership) | |
| Address | | City State/Prov | Zip/Postal Code Country |
| , idanoso I | | Sidy State, 1181 | Elp/ Foctor cours |
| Phone Fax | | IDHSNA Contact Email (voter #1/primary) | |
| IDHSNA Contact Email (voter #2/seconda | ary) | Website | |
| | d procedures - and a | embership renewal or participation in a Society event of all amendments thereto - that are posted on the Society | |
| Member's Signature (voter #1) | Date | Member's Signature (voter #2) | Date |
| member checks the OPT OUT box in the tip | p section of this form | rs name and contact info may be used in the annual Men n. The IDHSNA does not sell, give out or allow members to be used for IDHSNA business such as elections and spe | use for advertising purposes, |
| in publication "The Blarney", press release | ases and/or on our | and IDHSNA activity or competitions, use a member's r website unless the member directly contacts the Mem The Member Services Coordinator may be contacted at: | ber Services Coordinator and |
| · | | npleted & SIGNED form with a check for the appropriate Store Lane, Stevensville, MT 59870 . OR scan and e | *** |
| OFFICE USE ONLY | | | |
| Date Received: By: _ | | Date Entered: By: | |
| Member Number Assigned: | Date | e Packet/CARD Sent: By: | |