



OKLAHOMA BUCKSKIN HORSE ASSN 2021 MEMBERSHIP

\$25 SINGLE _____

\$40 FAMILY / FARM _____

NAME: _____ SSN / DL #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

Would you like to receive the Newsletter by: EMAIL ONLY _____ MAIL ONLY _____ OR BOTH _____

IN CASE OF EMERGENCY, NAME: _____ & PHONE: _____

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? NO YES IF YES: ABRA # _____

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

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

Please send completed Membership Form, with payment, to:

Ellen Mader - OBHA Treasurer
9608 S. 33rd W. Ave * Tulsa, OK 74132
ejmranch@aol.com

OFFICE USE - Payment Type:	Cash _____	Check # _____	Total Paid \$ _____
	Date Received: _____	2021 OBHA #: _____	