



Spotted Saddle Horse Association of Illinois
Membership Application

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Website: _____

Please check which membership option you are applying for:

Lifetime Membership: \$250.00 _____

Family Membership: \$30.00 _____

Individual Membership: \$20.00 _____

Youth Membership: \$5.00 _____

Please send form and check for proper amount to:

SSHAI
c/o Ed Marlewski
6110 E, 1700 N. Rd
Danvers, IL 61732