



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 \_\_\_\_\_

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**Please Make check to SSHA for proper amount  
and send to:**

**Shirley Miller Rm B5  
C/O Carlinville Rehab Center  
571 N. Oak Street  
Carlinville, IL 62626**