	HSA			
LIVINGSTON HORSE SHOW ASSOCIATION EST. 1986 2023 LHSA MEMBERSHIP FORM				
2023 LHS A Individual - \$			ORM amily - \$50.00	
	 Family Sponsorsh		·	
Family memberships include parents o be in school and meet dependent requi work a minimum of one (1) class per fa meet required volunteer cl	rements), <u>living in the SA</u> mily per show and submi	<u>ME household</u> . t a <u>\$25 Family S</u>	All members are asked to ponsorship Fee. Failure to	
Family Name:				
Address:				
City:	State:	Zip:		
Phone Number:				
Phone Number:				
E-Mail Address:				
E-Mail Address:				
FAMILY MEMBERS:		Date of	Date of Birth:	
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			Official Use Only: Date Paid: Amount Paid: Cash / Check / J Received By:	