

# Irish Draught Horse Society of North America

## Membership Form

PLEASE **CHECK** ONLY ONE

Membership YEAR \_\_\_\_\_

NEW Membership     RENEWAL Membership

PLEASE **PRINT** ALL INFORMATION

MEMBERSHIP LEVEL	FEE IN US DOLLARS	NAME OF INDIVIDUAL
<input type="checkbox"/> <b>LIFETIME</b> (1 vote) <i>(listing in "The Blarney")</i>	\$1000.00	Voter #1 _____
<input type="checkbox"/> <b>FARM</b> (2 votes) <i>(two "The Blarney" Subscriptions) (farm listing in "The Blarney")</i>	\$150.00	Voter #1 _____ Voter #2 _____
<input type="checkbox"/> <b>FAMILY</b> (2 votes)	\$80.00	Voter #1 _____ Voter #2 _____
<input type="checkbox"/> <b>GENERAL</b> (1 vote)	\$50.00	Voter #1 _____
<input type="checkbox"/> <b>JUNIOR</b> (no vote, <18 years)	\$25.00	DOB (required) _____ / _____ / _____

**PLEASE NOTE:** ALL membership levels include the IDHSNA publication, "The Blarney".

Farm Membership entitles "Farm" to receive two copies of "The Blarney".

**OPT OUT:** I would like to opt-out entirely from being published in the IDHSNA Member Directory.

**PAYMENT OPTIONS: Payment may be made with a check or online at [www.irishdraught.com](http://www.irishdraught.com) using Pay Pal.**

(<http://www.irishdraught.com/makepayment>). Please indicate with an "X" your elected method of payment:

\_\_\_\_\_ CHECK No. \_\_\_\_\_ (enclosed)      \_\_\_\_\_ Pay Pal (online).

**THE MEMBERSHIP YEAR RUNS FROM JANUARY 1 - DECEMBER 31. MEMBERSHIPS RENEWED AFTER THE ELECTION RECORD DATE (as set by the board but generally October 31), WILL BE NON-VOTING FOR THAT CALENDAR YEAR.**

Name (individual or farm) _____		Primary Contact (for Farm Membership) _____			
Address _____		City _____	State/Prov _____	Zip/Postal Code _____	Country _____
Phone _____	Fax _____	IDHSNA Contact Email (voter #1/primary) _____			
IDHSNA Contact Email (voter #2/secondary) _____		Website _____			

The submission of a Society membership application or membership renewal or participation in a Society event constitutes acceptance of the Society's Bylaws, Rules, and policies and procedures - and all amendments thereto - that are posted on the Society web page ([www.irishdraught.com](http://www.irishdraught.com)) and that you are advised to review.

Member's Signature (voter #1) \_\_\_\_\_ Date \_\_\_\_\_      Member's Signature (voter #2) \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Issues**

By applying for membership with the IDHSNA, the members name and contact info may be used in the annual Membership Directory, unless the member checks the OPT OUT box in the tip section of this form. The IDHSNA does not sell, give out or allow members to use for advertising purposes, our membership information. However, this information may be used for IDHSNA business such as elections and special news/notifications.

The IDHSNA may, if a member competes or takes part in and IDHSNA activity or competitions, use a member's name and contact information in publication "The Blarney", press releases and/or on our website unless the member directly contacts the Member Services Coordinator and requests that the information not be used in such a manner. The Member Services Coordinator may be contacted at: [idsna@hotmail.com](mailto:idsna@hotmail.com)

**FOR NEW MEMBERS:**

Please complete the above information and enclose the completed & **SIGNED** form with a check for the appropriate amount (payable to IDHSNA), and mail to: **IDHSNA Member Services Coordinator, PO Box 466, Bunnlevel, NC 28323.** OR scan and email to: [idsna@hotmail.com](mailto:idsna@hotmail.com)  
Information: (406) 540-2199

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_      Date Entered: \_\_\_\_\_ By: \_\_\_\_\_

Member Number Assigned: \_\_\_\_\_ Date Confirmation Email Sent: \_\_\_\_\_ By: \_\_\_\_\_