



# OKLAHOMA BUCKSKIN HORSE ASSN 2012 MEMBERSHIP

\$20 SINGLE \_\_\_\_\_

\$25 FAMILY / FARM \_\_\_\_\_

NAME: \_\_\_\_\_ SSN / DL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

IN CASE OF EMERGENCY: \_\_\_\_\_

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?      YES      NO      ABRA # \_\_\_\_\_

Do you hold an ABRA Amateur card?      YES      NO      ABRA Amateur # \_\_\_\_\_

Do you hold an ABRA Youth card?      YES      NO      ABRA Youth # \_\_\_\_\_

Please send completed application with payment to:

Beckie Honeck - OBHA Treasurer  
30485 S. 4250 Rd  
Inola, OK 74036  
918-284-8475 or [honeck@tds.net](mailto:honeck@tds.net)

**OFFICE USE** - Payment Type:    Cash \_\_\_\_\_    Check # \_\_\_\_\_    Total Paid \$ \_\_\_\_\_

Date Received: \_\_\_\_\_    2012 OBHA #: \_\_\_\_\_