

2024 Membership Application

Name(s):	
Company/Ranch Name:	
Address:	
City:	State/Province: Zip/Postal Code:
Cell Phone:	Cell Phone (2):
Email(s):	
Membership Level, (check below	v √):
Membership is required to parti	icipate; however, UBHA Membership can be paid the day of event at check-in.
Please note, each partner must p	ourchase a UBHA Membership.
<u>UBHA Lifetime M</u>	1embership (\$1,000)
2024 UBHA Comp	petitor- Annual (\$250)
2024 UBHA Partn	<u>er- Annual (\$100)*</u>
	accompanied with a "UBHA Competitor — Annual (\$250) Membership" & cannot be ership Membership without an accompanying Annual UBHA Membership.
Completed UBHA Membership	p Applications are to be emailed to unitedbuckinghorse@gmail.com or mailed.
Membership payr	ments may be made by mailing a check/cashier's check or wired*.
М	Please make checks payable to "UBHA" [ail: UBHA, 600 Jones Rd, Weatherford, TX 76088]
	*Wires will incur a \$25 Fee.
Questions? Please contact	Kay-Lee Pearson at (218) 349-1861 or unitedbuckinghorse@gmail.com.

Signature: _