

2020 AHS/ARS VIDEO INSPECTION ENROLLMENT FORM

American Hanoverian Society and American Rhineland Studbook 4067 Iron Works Pkwy, Suite 1

phone: 859-255-4141 fax: 859-255-8467

email: ahsoffice@hanoverian.org

website: www.hanoverian.org and www.usrhineland.org

OWNER INFORMATION		DATE:		
Name:			New Member	Current Member
Farm Name:		I am Renewing my Membership		
Address:				
City, State & Zip Code:				
Daytime Phone: ()	E-mail:			
Mare Creditiered Name	S of each mare's registration papers Year Registration Number Born	_	ed.) 'e's Name	Dam's Name
	T be paid at time of enrollment. If you now withdraw a video, there is a \$50 WITH	-		
Membership Fees (all memberships run	on a calendar year)			
New Active Member (for those who	\$80			
Active Renewal (for those who were	\$95			
Upgrade from Associate Membersh	\$25	Total I	Gees	
Mare Inspection Fee	Number of Mares	x \$155		
# of DNA kits needed for mares n	\$60			
List name of mare(s) that need DNA ki	t(s):			



2020 AHS/ARS VIDEO INSPECTION ENROLLMENT FORM PAYMENT INFORMATION

I would like to pay by: ☐ Check (Please)	mail this form with your o	check to the AHS Office.)	
I would like to pay by: 🗖 Vis	sa 🗆 MasterCard or 🗖 🛚	Discover	
(Feel free to e-mail this form with car	rd payment to ahsoffice@	hanoverian.org)	
BY MY SIGNATURE, I AUTHORIZE THE AHS OFFICE TO CAL FURTHER AGREE THAT MY CREDIT CARD STATEMI			
Signature of Cardholder			
Name as listed on credit card:			
Card Billing Address, if different than address listed on page or	ne:		
Address:			
City:	State:	Zipcode	
Credit Card Number:			
Expiration Date: /	Verification Code (La	ast 3 digits on back of card):	
ENTRIES RECEIVED WITHOUT PAYMENT WIL	LL NOT BE PROCESSED	UNTIL RECEIPT OF PAYMENT.	
RELEASE AGREEMENT: Every entry at an American Hanoverian Society, Inc. event shall cowners, handlers, trainers, coaches, grooms, or other attendants) and the horse(s) in s regardless of membership status; 2.) accept the final decision of the AHS appointed evaluated harmless the AHS, their directors, sponsors, event hosts, agents, employees, and all or not such injury resulted directly or indirectly from the acts or omissions of said evaluated AHS. This Agreement may be executed by facsimile signatures or other electronic memberships.	said event shall: 1.) be subject uators on any issue and/or qu l other personnel for any and a ators, directors, sponsors, eve leans and such signatures shal	to the corporate bylaws and the rules and regulatestion arising from participating in such event; all injuries or loss involving persons, horses, or ent hosts, agents, employees, or other personne ll be deemed to bind each party as if they were or	ations of the AHS, 3.) further agree to property, whether I acting on behalf of riginal signatures.
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