

**SUPERSTITION HORSEMEN'S ASSOCIATION, INC.**

**MEMBERSHIP FORM**

**OCTOBER 2019 – SEPTEMBER 2020**

<b>SHA Use Only</b>
Date: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ <input type="checkbox"/> PayPal
<input type="checkbox"/> New <input type="checkbox"/> Family <input type="checkbox"/> Full Year

I hereby make application/renewal to the Superstition Horsemen's Association, Inc., and in so doing agree to abide by SHA's Mission Statement.

**Mission Statement:**

The Superstition Horsemen's Association, Inc. is a group of concerned citizens formed to ensure the rights and privileges of horsemen; to promote humane treatment of horses; and to actively pursue favorable legislation concerning the above.

I further agree to abide by the bylaws of the Association (copies are available upon request).

I strongly desire to maintain the western lifestyle in this community.

**INDEMNITY AGREEMENT**

For and in consideration of my/our Membership and participation in all events sponsored by the Superstition Horsemen's Association, Inc., (SHA) of Apache Junction, Arizona, the undersigned hereby releases and forever discharges the SHA for any claim or demand for personal injuries or property damage occurring while participating in any event sponsored by SHA, and the undersigned hereby further agrees to indemnify the SHA (including all officers and members, and all property owners upon whose property the various events take place), and save them harmless from any claims, demands or judgements which may be asserted or rendered against them by any person whatsoever for death, personal injury or property damage occurring during any event sponsored by the SHA, including the reasonable value of the services of attorneys retained by the SHA in defense of any claim of action arising there from.

Date of Application: \_\_\_\_\_ New Applicant: \_\_\_\_\_ Renewal: \_\_\_\_\_

Name(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Print Name Print Name

Signature(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Please Sign Please Sign

Winter Address  
Dates: \_\_\_\_\_ Street (Please include apartment and/or space number.)  
City State Zip Phone

Summer Address  
Dates: \_\_\_\_\_ Street (Please include apartment and/or space number.)  
City State Zip Phone

Email Address \_\_\_\_\_  I would prefer to receive my newsletter via email  
(Please place a mark in the box to ensure electronic mail)

Areas of Interest I am interested in the following committees:  
 Trail  Activities  Parade  Road Cleanup  Political  How can I help? Call me.

**MEMBERSHIP FEES:**

**\$20 Single Membership \$30 Family and Associations**  
**October 1, 2019 – September 30, 2020**

All fees must be paid in U.S. Currency. You can now pay online at [www.sha4u.org](http://www.sha4u.org) via PayPal.  
Please mail to SHA at PO Box 2120, Apache Junction, AZ 85117