

Eastern Idaho Gaited Horse Association
www.eigha.org
Jane Howlett
P.O.Box 2651
Pocatello, Idaho 83206
Membership Application Form
Membership Dues: \$25 per individual or family per year

Name _____ Email _____

Address _____

Phone _____ Other Numbers _____

How do you wish to view the monthly newsletter? E-mail _____ Website _____ Mailed to you _____

Do you want your name and phone number available to the general EIGHA membership? YES ___ NO ___

Please list all riding family members: _____

Subdivision Affiliations: (please include number of each breed)

| | | |
|----------------------------|-------------------------|----------------------------|
| Missouri Fox Trotter _____ | Tennessee Walking _____ | Single Foot _____ |
| Rocky Mountain _____ | Kentucky Mountain _____ | Spotted Saddle Horse _____ |
| Peruvian _____ | Paso Fino _____ | Icelandic _____ |
| Other _____ | | |

LIABILITY RELEASE

It shall be a condition of my (our) membership that my (our) signatures below indicates that I (we) agree to hold harmless and in no case responsible the EASTERN IDAHO GAITED HORSE ASSOCIATION, Officers, Members, Agents, Volunteers, and Landowners, for any injury, accident, or loss to myself or to any member of my family, or any person that I have sponsored, or invited, to any Association sponsored activity, due to ANY cause or circumstance. I (we) understand that riding horses is a dangerous activity and that it is my (our) responsibility to engage in these activities in a safe manner. Parents and/or guardians are responsible for their children at all times.

I agree to comply with all Rules of Membership and will help promote the EASTERN IDAHO GAITED HORSE ASSOCIATION (EIGHA). I understand that the officers of the EIGHA shall make all final decisions on Association policies. I understand that as a member, I may request to review Association records and policies. You may request records by sending a stamped, self-addressed envelope to the above address.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian if under 18 years of age _____ Date _____