

Name
Address
City,State,ZipCounty
emailPhone
Primary Equine interest and/or discipline
Number of horses ownedBreeds
*(NKHN will not share or sell your information)
NKHN Membership - New Renewal
\$20 - Individual
\$40 - Individual + \$1,000,000 Personal Excess Liability Insurance Policy
\$30 - Family
\$70 – Family + \$1,000,000 Personal Excess Liability Insurance Policy
\$5-Student (FREE WITH 2 HOURS VOLUNTEER WORK)
\$35 - Business (Please download separate NKHN Business member form)
I'd like to contribute to the scholarship fund, optional. Amount \$
Office Use Only XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date Referred by
Method of Payment: Check #or Cash Amount
If paying by Check, make payable to: NKHN 3500 Alexandria Pike, Highland Heights, Ky. 41076
D II

e s