NKHN

Northern Kentucky Horse Network

Name____

Address____

City,State,Zip_____________________________County_________

email____________________________________Phone__________

Primary Equine interest and/or discipline ____

Number of horses owned________Breeds ______________________________________

(NKHN will not share or sell your information)

NKHN Membership - New_____Renewal_____

____$20 - Individual

——$45 - Individual + $1,000,000 Personal Excess Liability Insurance Policy

____$30 - Family

____$80 – Family + $1,000,000 Personal Excess Liability Insurance Policy

____$5-Student

____$35 - Business (Please download separate NKHN Business member form)

_____I'd like to contribute to the scholarship fund, optional. Amount $_______

Office Use Only XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date__________________________Referred by___________________________________

Method of Payment: ☐Check #_____________ ☐ Cash ☐Venmo ☐PayPal
Amount paid: ____________

If paying by Check, make payable to: NKHN 3500 Alexandria Pike, Highland Heights, Ky. 41076

Dues Period: Jan1 to Dec 31