



**UNITED HORSE
COALITION**
EDUCATE. ADVOCATE. COLLABORATE.

MEMBERSHIP FORM:
**“Working together to help America’s
horses at risk, or in transition.”**

INFORMATION (please print or type)

ORGANIZATION: _____

CONTACT PERSON: _____

POSITION WITHIN ORG: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE(BUSINESS): _____ E-MAIL _____

WEBSITE OR FACEBOOK: _____

ACCREDITATIONS/CERTIFICATIONS/PARTNERSHIPS ETC: _____

HOW DID YOU HEAR ABOUT US?

- ☐ **Full Membership:** \$5,000, which allows an organization to participate in meetings, committees, activities, and decisions of the coalition. Organizations contributing \$5,000 have two votes on matters requiring a decision or recommendation.
- ☐ **Associate Membership:** \$2,500, which allows an organization to participate in meetings, committees, activities, and decisions of the coalition. Associate members have one vote on matters requiring a decision or recommendation.
- ☐ **Supporting Membership:** \$1,000, which allows an organization to participate in meetings, committees, and activities of the coalition. Supporting members are non-voting members.
- ☐ **Non-Profit Membership:** \$25 open to Equine Rescue or Sanctuary organizations that are actively committed to advocating for responsible ownership and strive to provide collaborative partnerships with the horse industry. Invitation to attend the UHC’s Annual Meeting every June, Membership to A Home for Every Horse (and all benefits that membership with AHFEH includes.) Must be a registered 501(c)(3). Non-profit members are non-voting members.

EIN #: _____

- ☐ **Donation to the United Horse Coalition:** Promotes resources available in the industry to help America’s horses at risk and in transition.

The United Horse Coalition reserves the right to revoke membership where cases of neglect, fraud, or poor business practices have been reported to the BBB, Attorney General's Office, Animal Control (or equivalent), and/or the IRS. No refund of the membership fee will be granted.

I understand (Sign): _____

PAYMENT OPTIONS: (please print or type):

Credit card type: Visa ☐ MasterCard ☐ Amount: _____

Credit Card Number: _____ Expiration Date: _____

Authorized Signature: _____

☐ Check here if you would prefer to be invoiced.

TODAYS DATE: _____

Please make checks payable to American Horse Council Foundation, denoting "UHC" on memo line.

Forms may be E-Mailed to info@horsecouncil.org

Contributions to the American Horse Council are not deductible as charitable contributions but may be deductible for federal income tax purposes as an ordinary and necessary business expense under Section 162 of the Internal Revenue Code.