

Individual Membership Form

Applicant Information				
Full Name:	First	Last	Date:	
Mailing Address	s:			_
City:		State:	Zip Code:	
Phone:		Date of Birth:		
Email:				-
Do you possess	s a State Approved I	Handicap Placard (Yes / No):	Expiration Date:	
Have You appli	ed for SBHA Handic	cap Application (Yes / No): A	pproval Date:	
		Professional status:		_

Membership with SBHA is per Field Trial Season which runs from June 1st to May 31st each

SBHA Has Waved Individual Membership Fees Effective September 4, 2020. There is **NO COST** to become a SBHA Member at this time. However, membership forms shall be submitted to SBHA Secretary to qualify for SBHA Dog and Handler of the Year Points.

Your Complementary, NO COST Individual Membership to SBHA includes the following, once your application is received by the SBHA Secretary:

- Subscription to SBHA Electronic News Letter
- Qualification for SBHA Dog and Handler of the Year Awards
- Qualification for SBHA Cash Bonus Prize at Participating Trials for Winning the Trial
- Ability to Print High Quality SBHA Dog Win Certificates
- Complementary SBHA Car Decals (2)

Mail form and payment to Bruce Mercer, 1153 Antioch Rd - Fayetteville, GA 30215