

Member Name _____

Division	Class	Horse #1	Horse #2	Horse #3	Horse #4
5-Gaited	ASB 5- Gaited Country Pleasure Amateur				
	ASB 5- Gaited Country Pleasure Junior Exh				
	ASB 5-Gaited Show Pleasure Amateur				
	ASB 5-Gaited Show Pleasure Junior Exh				
ASB In Hand	ASB Pleasure In-hand				
Country Pleasure	ASB Country Pleasure Amateur				
	ASB Country Pleasure Junior Exhibitor				
	ASB Country Pleasure Driving				
	ASB Hunter Country Pleasure Amateur				
	ASB Hunter Country Pleasure Junior Exh				
	ASB Western Country Pleasure Junior Exh				
	ASB Western Country Pleasure Amateur				
Hackney Pony	Hackney Country Pleasure Driving				
	Hackney Show Pleasure Driving				
Open	Open English Pleasure WT				
	Open English Pleasure WTC				
	Open Hunter Pleasure				
	Open Pleasure Driving				
	Open Western Pleasure				
Park Pleasure	ASB Park Pleasure Driving				
	ASB Park Pleasure Junior Exhibitor				
	ASB Park Pleasure Amateur				
Show Pleasure	ASB Show Pleasure Driving				
	ASB Show Pleasure Junior Exhibitor				
	ASB Show Pleasure Amateur				
Fresian	Fresian WT Pleasure				
	Fresian WTC Pleasure				
Morgan	Morgan English Pleasure				
	Morgan Hunter Pleasure				
	Morgan Western Pleasure				
Miscellaneous	Parade				
	Ranch Pleasure				
	Promotional Award- Trial Riding				
List rider name for the following divisions					
Equitation	Pleasure Equitation 13 & under				
	Pleasure Equitation 14-17				
	Saddleseat Equitation 11 & under Walk/Trot				
	Saddleseat Equitation 17 & under				
	Saddleseat Equitation- Adult				
Academy	Walk/Trot/Canter				
	Walk/Trot				

Ohio American Saddlebred Pleasure Horse Association Membership Application 2026

Adult Individual (18 & over)	\$25	
Junior Exhibitor (17 & under)	\$20	
Academy Rider	\$15	
Family (adult and minors)	\$35	

Primary family member name: _____

Trainer (s) Name: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Phone #: _____ Email: _____

Rider/Driver #1 _____ DOB: _____

Rider/Driver #2 _____ DOB: _____

Rider/Driver #3 _____ DOB: _____

Rider/Driver #4 _____ DOB: _____

Horse #1 _____ ASHBA # _____

Horse #2 _____ ASHBA # _____

Horse #3 _____ ASHBA # _____

Horse #4 _____ ASHBA # _____

Please fill out back side of form with the division each horse or rider will be competing in.

Please send completed membership form along with payment to:

Allison Pond

808 Whetstone Court

Bellefontaine, OH 43311

Make checks payable to OASPHA

Email allisonpond1@gmail.com with any membership questions.

For office use only:

Date form received:	
Payment method:	
Payment amount:	