

Please write (or type) in a clear format.

\* = Required



**Please send payment and completed form to:**  
 International Kerry Bog Pony Association  
 P.O. BOX 181  
 Conway, MI 49722-0181  
 United States

\_\_\_\_\_

**\*Full Name** **Farm Name** (Optional \*For Breeding Farms\*)

**\*Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Country)

**\*Primary Phone Number:** \_\_\_\_\_ **Farm/Business Phone Number:** \_\_\_\_\_

(Country Code) (Country Code)

\_\_\_\_\_

**\*Primary eMail** **Farm eMail** (Optional)

\_\_\_\_\_

**Farm Web Address** (Optional)

**Do You Wish To Have Your Farm Info Listed on a Public Directory?**  YES  NO

- Membership Options:** Check what applies.
- \$35** Annual Membership (From January 1 to December 31)
  - \$20** Youth Membership (Under 21 years of age) (From January 1 to December 31)

- Payment Options:**
- Check or Money Order (payable to "International Kerry Bog Pony Association", "Int. Kerry Bog Pony Assoc.", or "The IKBPA")
  - PayPal (submitted to "registry@internationalkerrybog.org") Amount: \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to abide by the By-Laws of the International Kerry Bog Pony Association and the IKBPA Registry Rules & Regulations. I subject myself to all the requirements of the IKBPA's By-Laws and Registry Rules & Regulations, as they now exist or may from time to time be amended, knowledge of which I now have or will acquire. By signing this form, I affirm that I will abide by the IKBPA Code of Ethics as outlined in the Association's By-Laws (which may be found on the IKBPA website).

\_\_\_\_\_

Signature Date