

**NORTH AMERICAN ICELANDIC HORSE BREEDERS ASSOCIATION, INC.**

**P. O. BOX 546**

**GRAPEVIEW, WA 98546**

**(360) 275-7542**

**www.icelandichorsebreeders.org**

**Membership Form  
Annual Dues are \$20 US**

Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How do you wish to receive NAIHBA communications? \_\_\_\_\_ e-mail or NAIHBA List is fine  
\_\_\_\_\_ I prefer hardcopy mailing

Do you wish to have your Name/Farm/Address appear on the NAIHBA Website?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you wish to have your name/address appear in any member directory or brochure that may be printed?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you wish to have a link from the NAIHBA website to your own personal website? (We request that you also supply a link from your website to NAIHBA. )  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, supply the address of your website \_\_\_\_\_

If you do not have your own website, would you be interested in a page co-located with NAIHBA's site? There would be an additional charge if page design is required.  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_ Please contact me

\_\_\_\_\_ I have read the Code of Ethics and agree to abide by the spirit as well as the specific provisions of the document. (Please initial in the space provided.)

Please make check or money order payable to North American Icelandic Horse Breeders Assoc., Inc. and send to the address above. Members in Canada and Mexico must remit in US Funds.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date