



# The KWPN of North America

## Transfer of Ownership



Please fill out this form and return with **original** registration papers (copies **not** accepted) or certificate of pedigree and a copy of the bill of sale or other sales documentation. For imported horses include 3 identifying photos and passport (if applicable).

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|--|-----------|--------------------------|--|----------|--------------------------|
| <b>Transfer for a Full members</b>       | \$ 25.00  | <input type="checkbox"/> | <b>Non-member Transfer w/ Associate Membership</b> | \$100.00 | <input type="checkbox"/> |
| <b>Transfer plus Full Membership</b>     | \$ 110.00 | <input type="checkbox"/> | <b>Non-member Transfer w/ Youth Membership</b>     | \$ 85.00 | <input type="checkbox"/> |
| <b>Transfer plus Lifetime Membership</b> | \$875.00  | <input type="checkbox"/> | <b>Non-member Transfer</b>                         | \$ 50.00 | <input type="checkbox"/> |

Name of Horse \_\_\_\_\_ Sex \_\_\_\_\_ Show Name: \_\_\_\_\_  
 Registration Number \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Sire \_\_\_\_\_ Dam \_\_\_\_\_  
 Previously Owned By \_\_\_\_\_ Country \_\_\_\_\_  
 Transfer of Ownership To \_\_\_\_\_  
 Signature of New Owner \_\_\_\_\_  
 Signature of Previous Owner \_\_\_\_\_ (Not necessary with signed bill of sale.)  
 Date of Sale \_\_\_\_\_ Recorded by the KWPN-NA on \_\_\_\_\_

Postal service (circle if requested): send \$10.00 for Certified mail within U.S. or \$15 for registered mail to Canada. If fee is not included, papers will be sent by first class mail and owner will be responsible for any potential loss.



### Membership Information

<b>Member Benefits:</b>	<b>Lifetime</b>	<b>Full</b>	<b>Associate</b>	<b>Youth</b>
▪ No annual renewal				
▪ Register and transfer horses at member rates,				
▪ Receive KWPN-NA publications;				
▪ Participate in KWPN-NA Auctions;				
▪ advertise horses for free on KWPN-NA website;				
▪ Discounted Annual Meeting rate	✓			
▪ Participate in inspections	✓	✓		
▪ Show and Year-End awards;				
▪ Attend Annual Meetings and Tours;	✓	✓	✓	✓
▪ be eligible for Young Rider Grants				

**Automatic Renewal:** I would like to automatically annually renew my membership by Visa or Master Card. Upon checking this box, my membership with the KWPN of North America will be charged at the start of the calendar year unless I give notice to stop.

Mailing address: _____ _____ _____ Phone: _____ Cell: _____ Email: _____	Alternate address: _____ _____ _____ Effective dates: _____ Website: _____
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Paid by: Check  Visa  MasterCard  (Checks or Money Orders in US Funds only.)  
 Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV# \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Mailing Address:**  
**KWPN-NA**  
 4037 Iron Works  
 Parkway, Ste 140  
 Lexington, KY 40511  
 Phone: 859-225-5331  
 Fax: 859-554-0366  
 E-mail: drew@kwpn-na.org