



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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|--|-----------|--------------------------|--|----------|--------------------------|
| Transfer for a Full members | \$ 25.00 | <input type="checkbox"/> | Non-member Transfer w/ Associate Membership | \$100.00 | <input type="checkbox"/> |
| Transfer plus Full Membership | \$ 110.00 | <input type="checkbox"/> | Non-member Transfer w/ Youth Membership | \$ 85.00 | <input type="checkbox"/> |
| Transfer plus Lifetime Membership | \$875.00 | <input type="checkbox"/> | Non-member Transfer | \$ 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 for FedEx (\$15 in US, \$30 in 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

Member Benefits:	Lifetime	Full	Associate	Youth
▪ No annual renewal	✓			
▪ Discounted Annual Meeting rate	✓			
▪ Register and transfer horses at member rates,	✓	✓		
▪ Participate in inspections				
▪ Receive KWPN-NA publications;				
▪ Show and Year-End awards;				
▪ Participate in KWPN-NA Auctions;	✓	✓	✓	✓
▪ Attend Annual Meetings and Tours;				
▪ advertise horses for free on KWPN-NA website;				
▪ 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 or the card expires.

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
 Phone: 859-225-5331
 Fax: 859-554-0366
 E-mail: drew@kwpn-na.org

Lexington, KY 40511