



The KWPN of North America

Transfer of Ownership



Fill out this form and return with **original** registration papers (**copies not accepted**) and a copy of the bill of sale or other sales documentation. Passport not required. If passport is sent, the certified mail cost will automatically be added if not selected.

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|--|-----------|--------------------------|--|----------|--------------------------|
| Transfer for Full Members | \$ 25.00 | <input type="checkbox"/> | Non-member Transfer w/ Youth Membership | \$ 85.00 | <input type="checkbox"/> |
| Transfer plus Full Membership | \$ 110.00 | <input type="checkbox"/> | Non-member Transfer | \$ 50.00 | <input type="checkbox"/> |
| Transfer plus Lifetime Membership | \$875.00 | <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 writing a check, please include all fees in one check. NO CASH PLEASE. The KWPN-NA is not responsible for lost or stolen mail.



New Owner Information

(to be filled out regardless of option selected above)

Member Benefits:	Lifetime	Full	Youth
▪ 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 or the card expires.

Mailing address: _____ _____ _____ Phone: _____ Cell: _____ Email: _____	Alternate address: _____ _____ _____ Effective dates: _____ Website: _____
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Paid by: Check Visa MasterCard Discover *(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