



Shetland Pony Society of North America

Prefix Application

Prefix Name: _____

Remember, pony names cannot exceed 25 letters, including prefix and punctuation.

Name of Applicant: _____

Membership Number: _____

Address: _____

Phone: _____

Email: _____

The following person(s) have permission to use the above prefix:

<u>Name:</u>	<u>Member #</u>
_____	_____
_____	_____
_____	_____
_____	_____

Add additional names as needed on the reverse of this form.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Send to the address below with a check or money order for \$30 (SPSNA members only) made out to **Shetland Pony Society of North America.**

SPSNA Treasurer
241 Grove Rd
Stewartstown, PA 17363

Questions? Email shetlandponysociety@hotmail.com or call 717-993-3775.