

Eastern Michigan Horseman's Association

I/WE _____ HEREBY APPLY FOR MEMBERSHIP IN
LAST NAME _____ EMHA FOR THE YEAR **2010**
_____ INDIVIDUAL (\$15.00 PER YEAR) _____ FAMILY (\$25.00 PER YEAR)

LIST ALL MEMBERS NAMES AND GIVE BIRTHDATES AND AGES.
AGE IS DETERMINED AS OF JANUARY 1.

COPIES OF BIRTH CERTIFICATES ARE REQUIRED FOR ALL RIDERS 15 & UNDER
PLEASE PRINT!!!

1 NAME _____ BIRTH DATE _____ AGE _____

2 NAME _____ BIRTH DATE _____ AGE _____

3 NAME _____ BIRTH DATE _____ AGE _____

4 NAME _____ BIRTH DATE _____ AGE _____

5 NAME _____ BIRTH DATE _____ AGE _____

ADDRESS _____ CITY _____

ZIP _____ TELEPHONE(____) _____ E-MAIL _____

E.M.H.A. And Show Hosts Will Not Accept Responsibility For The Loss Of Or Damage To Or Injury To Any Exhibitor Or Any Horse Exhibited Or For The Possessions Of Any Exhibitor Whether The Result Of Accident Or Any Other Cause. It Is Distinctly Understood That Every Horse At These Shows Is In The Care And Custody And Control Of Its Owner Or Handler Or Rider During the Entire Time The Horse Is On The Premises. On These Conditions Only Are Applications Accepted.

I/WE AGREE TO ABIDE BY ALL ASSOCIATIONS RULES AND DECISIONS

SIGNATURE _____ DATE _____

FOR MORE INFORMATION CONTACT

Dawn Fleming emha@comcast.net

www.emha-shows.org

MAKE CHECKS PAYABLE TO EMHA AND MAIL TO:

EMHA 2198 North Blacks Corners Imlay City, MI 48444

OFFICE USE

DATE RECEIVED _____ RECEIPT# _____

PAID CASH _____ CHECK # _____

BC#1 _____ BC#2 _____ BC#3 _____ BC#4 _____ BC#5 _____ NEW _____

RENEWAL _____ PACKET SENT _____