

MAINE HORSE ASSOCIATION, INC.

MEMBERSHIP APPLICATION **2024**

www.mainehorseassoc.com

RETURN TO MHA SECRETARY: Morgan Schlaack 3 Store Rd. Bowdoin, ME 04287

TYPE OF MEMBERSHIP

- NEW
 RENEWAL

FAMILY: _____ \$35.00
Family includes all children aged 17 & under
(please list names & ages below)

INDIVIDUAL: _____ \$30.00
INDIVIDUAL LIFE: _____ \$250.00

Please **NOTE that fees paid by credit card are subject to a 3% Convenience Fee.

REQUIRED INFORMATION

NAME: _____ **SPOUSE:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
TELEPHONE: _____ **CELL PHONE:** _____

Names and Birth dates of all children 17 & Under

1. _____ dob: _____ 2. _____ dob: _____
3. _____ dob: _____ 4. _____ dob: _____

EMAIL

E-mail Address ~~ **PLEASE PRINT CLEARLY**

INFORMATION

MHA uses email as official news and notifications of meetings and shows. It is the responsibility of members to make sure the MHA Secretary has your updated email address.

AMATEUR CERTIFICATION

MHA requires proof of amateur status (for certain horse show classes) as defined in the current USEF Rule Book.

I do **NOT** hold current **USEF** or **NEHC** amateur credentials. Please send MHA Amateur Certification for the following Adult MHA Members.

1. _____ 2. _____
Signature _____
(required for each Amateur Applicant)

HORSE SHOW PRIZE LISTS

→ I wish to receive the following types of *HORSE SHOW* prize lists:
All ; Pleasure Ring/Open Only ; Hunter/Jumper Only ; None

I plan to participate in

___ **FAMILY PLEASURE HORSE PROGRAM****
(Certificate Program)

___ **DRESSAGE PROGRAM ****
(High Score Awards)

___ **TRAIL RIDE PROGRAM****
(High Mileage Awards)

**Trail/Pleasure Logs & Dressage Show Score Forms are available on the website: mainehorseassoc.com

___ **CASH** Amt. _____

___ **MONEY ORDER** Amt _____

PAYMENT OPTIONS:

Enclosed is my **CHECK** for _____
(Made out to MAINE HORSE ASSOCIATION)

To pay by CREDIT CARD, please fill out the information below

___ Discover ___ American Express ___ Visa ___ Mastercard

Card Number: _____

Expiration Date: _____ / _____ **C V V #:** _____

Membership Fee Total _____

Authorization Signature: _____

_____ Credit Card Info will be destroyed after bank deposit is made.