



NORTHERN MICHIGAN ASSOCIATION OF WESTERN HORSE CLUBS

2018 Membership Application/Renewal

APPLICANT INFORMATION – PRIMARY MEMBER

Last Name	First	M.I.	Today's Date
Street Address		Apartment/Unit Number	
City	State	ZIP	
Home Phone	Birthdate (m/d/year)		
Cell Phone	E-mail Address Needed for ballot		

MEMBERSHIP INFORMATION – PRIMARY MEMBER INFORMATION ONLY

Application	New <input type="checkbox"/> Renewal <input type="checkbox"/> (Renewals after 5/15/18 only Add: \$10 charge)	Division	Walk/Trot <input type="checkbox"/> Walk/Trot/Canter <input type="checkbox"/>
Membership Type & Cost	Individual Youth (18 Yrs & Under) <input type="checkbox"/> \$20	Individual Adult (19 Yrs & Over) <input type="checkbox"/> \$25	Family (2 Adults/Spouses & Children 18 yrs & under) Complete section below with add'l members <input type="checkbox"/> \$35
Reserve a Back Tag Number? (\$5 fee applies)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Number Requested (granted based on availability)	
Would you like a NMAWHC printed back tag? (\$10 fee applies)	YES <input type="checkbox"/> NO <input type="checkbox"/>	All printed back tags will be available for pick-up at the first Anna Bays Show registration	
Horse's Registered Name			

FAMILY MEMBERSHIP INFORMATION – list ADDITIONAL immediate family members ONLY

Additional email address (needed for 2nd ballot for Family memberships): _____

#	Name	Birthdate (m/d/year)	Back Tag Number	Division	Horse's Registered Name
1.			YES <input type="checkbox"/> # _____ NO <input type="checkbox"/>	W/T <input type="checkbox"/> W/T/C <input type="checkbox"/>	
2.			YES <input type="checkbox"/> # _____ NO <input type="checkbox"/>	W/T <input type="checkbox"/> W/T/C <input type="checkbox"/>	
3.			YES <input type="checkbox"/> # _____ NO <input type="checkbox"/>	W/T <input type="checkbox"/> W/T/C <input type="checkbox"/>	
4.			YES <input type="checkbox"/> # _____ NO <input type="checkbox"/>	W/T <input type="checkbox"/> W/T/C <input type="checkbox"/>	
5.			YES <input type="checkbox"/> # _____ NO <input type="checkbox"/>	W/T <input type="checkbox"/> W/T/C <input type="checkbox"/>	

Additional family members may be listed on the back of the form

DISCLAIMER AND SIGNATURE

I understand in order for any points count for myself or any member of a family membership, a membership form must be completed and submitted along with payment. **Points earned before completing a membership form and paying for the membership will NOT count. I have been informed that a horse can sign up at any time, but points do not count until the horse is registered with Northern Michigan Association of Western Horse Clubs (NMAWHC) with its rider.** Further, I agree to comply with the established Bylaws, Rules & Regulations and Show Rulebook of NMAWHC. Additionally, I hereby give permission to NMAWHC to contact, interview, take audio or visual images of, use, display or publish material of me and any family members covered in a family membership. I understand my membership card, cancelled check, itemized credit card statement or cash receipt is the proof of my paid, current membership and I accept the burden of proof to determine my membership.

Signature	Date
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AMOUNT DUE

Membership (fees listed above)	
Back Tag Numbers _____ @ \$5 per tag	
Printed Tag Numbers _____ @ \$10 per tag	
RENEWALS AFTER 5/15/18 only: add \$10	
TOTAL DUE	

Please return completed form with payment to:

NMAWHC
P.O. Box 4113
Traverse City, MI 49685
Make checks payable to:
NMAWHC

Office use only

Application Rec'd Date:	
Payment: <input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
<input type="checkbox"/> New Member or <input type="checkbox"/> Renewal	
Received by:	

