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| NMAWHCheader |  |

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| 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  Renewal | | | | | | | | | | | | | | Division | | | | | Walk/Trot  Walk/Trot/Canter | | | | | | | | |
| Membership  Type & Cost | | | | Individual Youth  (18 Yrs & Under)  $20 | | | | | | Individual Adult  (19 Yrs & Over)  $25 | | | | | | | | | Family (2 Adults/Spouses & Children 18 yrs & under)  Complete section below with add’l members  $35 | | | | | | | | | | | | |
| Reserve a Back Tag Number?  ($10 fee) | | | | | | | YES | | | NO | | | | | Number Requested  (granted based on availability) | | | | | | | | | |  | | | | | | |
| Would you like a NMAWHC printed back tag? ($10 fee applies) | | | | | | | YES | | | NO | | | | | 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  #\_\_\_\_\_\_\_  NO | | | | | W/T  W/T/C | | |  | | | | | | | | | | | |
| 2. |  | | | | | | |  | | | | YES  #\_\_\_\_\_\_\_  NO | | | | | W/T  W/T/C | | |  | | | | | | | | | | | |
| 3. |  | | | | | | |  | | | | YES  #\_\_\_\_\_\_\_  NO | | | | | W/T  W/T/C | | |  | | | | | | | | | | | |
| 4. |  | | | | | | |  | | | | YES  #\_\_\_\_\_\_\_  NO | | | | | W/T  W/T/C | | |  | | | | | | | | | | | |
| 5. |  | | | | | | |  | | | | YES  #\_\_\_\_\_\_\_  NO | | | | | W/T  W/T/C | | |  | | | | | | | | | | | |
| 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 | | | | | |  | | | |
| **Amount 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** | | | | | | | | | | |
| Membership (fees listed above) | | | | | | | | |  | | | | | Application Rec’d Date: | | | | | | | | |  | |
| Reserved Back-Tag Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | | | Payment: | | | | | | | | | Cash | |
| @ $10 per printed and laminated tags | | | | | | | | |  | | | | |  | | | | | | | | | Check #\_\_\_\_\_ | |
|  | | | | | | | | |  | | | | | New Member or  Renewal | | | | | | | | | | |
| **TOTAL DUE** | | | | | | | | |  | | | | | Received by: | | | | | | | | |  | |