|  |  |
| --- | --- |
| NMAWHCheader |  |

|  |
| --- |
| 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 AddressNeeded for ballot |  |
| membership information – *PRIMARY MEMBER INFORMATION ONLY* |
| Application | New [ ]  Renewal [ ]   | Division |  Walk/Trot [ ]  Walk/Trot/Canter [ ]  |
| MembershipType & 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 thefirst 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:NMAWHCP.O. Box 4113Traverse City, MI 49685Make 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: |  |