

NORTHERN MICHIGAN ASSOCIATION OF WESTERN HORSE CLUBS

2023 Membership Application/Renewal

APF	LICANT IN	IFORMATIO	N – <i>PRIMA</i>	IRY MEMBE	R									
Last Name						First			M.I.		Today's Da	te		
Stre	eet Address								Ара	Apartment/UnitNumber				
Ci	City					State			ZIP					
Ho						Birthdate (m/d/year)			l l					
Cell Phone					E-r	E-mail Address								
MEMBERSHIP INFORMATION - PRIMARY MEMBER INFORMATION ONLY														
A	oplication	New Renewal				Division			n Wal	Walk/Trot ☐ Walk/Trot/Canter ☐				
	embership pe & Cost	Individual Youth (18 Yrs. & Under) ☐ \$20				Individual Adult (19 Yrs. & Over)								
		Family (2 Adul Complete se	ts/Spouses & ection below					Adult Household Membership (Two or more adults that live in the same home.) \square \$35						
		Back-Tag Numl) fee applies)	ber?	YES	NO 🗆		Number(s) Rel I based on ava							
Reserved numbers must be requested prior to first Anna Bays Show. All printed back tags will be available for pick-up at the fist Anna Bays Registration.													on.	
Horse's Registered Name (Primary Members)														
		Name	Birthdate (m/d/year	Raci	k Tag Number	D	Division	Horse's Registered Name						
1.					YES [NO [
2.					NO [
3.	3.				YES [NO [#	W/	/T						
4.					YES [NO [# 	W/ W/	/T						
5.					YES [NO [
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									Office u	Office use only				
Membership (fees listed above)						Please return completed form with			Application Rec'd Date:					
Reserved Back Tag Numbers @ \$10 per number (no tags will be provided)						payment to: NMAWHC P.O. Box 4113 Traverse City, MI 49685					Payment:		Cash	
Back Tag Laminated Set (5 laminated tags) \$10													Check #	
						Make checks payable to: NMAWHC				☐ New I	Member or	□ R	enewal	
			Т	OTAL DUE						Red	ceived by:			