

**Minnesota Rocky Mountain Horse Club
RMHA inc. (Pending) Affiliated Club
Application for Membership
Membership year is January 1-December 31**

I would like to (re) apply for membership in the Minnesota Rocky Mountain Horse Club:

_____ **Single Membership** 1 yr. \$15.00 (over 18 yrs. Old)

_____ **Junior Membership** 1yr. \$10.00 (14 - 18 yrs. Old) List **Birth date:** _____
(Parent(s) are non-members of the MRMHC)

Parent's Signature _____ **Date:** _____

_____ **Family Membership** 1yr. \$25.00 (up to 2 adults in the same household and children under 18) Please list all members of your family. Unlisted members will not be eligible for privileges.

_____ **Lifetime Membership** Single \$125 / Family \$200 (membership for the lifetime of the MRMHC)

Please Print:

Name: _____ (Month/day of birth) _____

Spouse's Name: _____ (Month/day of birth) _____

Family Members (children under 18) (1) _____ **Date of Birth** _____

Family Members (children under 18) (2) _____ **Date of Birth** _____

Family Members (children under 18) (3) _____ **Date of Birth** _____

Family Members (children under 18) (4) _____ **Date of Birth** _____

Mailing Address: _____

Telephone Number: _____ **Cell Number** _____

Fax Number: _____ **E-Mail Address:** _____

Signature _____ **Date** _____ **Amount submitted \$** _____

Membership in the Minnesota Rocky Mountain Horse Club (MRMHC) is offered to all persons who own a Rocky Mountain Horse or who are interested in the breed. By tendering payment for membership in the MRMHC I/We agree to abide by the by-laws, rules and regulations of the Rocky Mountain Horse Association (RMHA) and the MRMHC. I/We further agree to accept the ruling by the Executive Board or its' representatives in all disciplinary matters. I/We further release the officers and members of the Board of Directors and their employees/agents from any liability as a result of them carrying out their duties for the MRMHC, except for criminal or malicious acts or omissions by them.

Please make check out to "MRMHC". Mail completed application and check to:

MRMHC
Melody Ryan
County 47 Blvd
Goodhue, MN

Office Use: check# _____ Total _____ Cash: _____ Total _____

Date Entered on: Member Roster _____ Address Book _____

E mail List _____ Welcome e-mail sent: _____