

MI-SHO Membership Form

Date _____

Individual Membership - Or Family Membership Address

Last Name: _____ First Name (of responsible adult of minor): _____

Returning member: YES NO Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Stable: _____ Trainer: _____

Family Membership: List Participating Members

Last Name, First Name, M.I.	Junior's Age as of December 1	Adult	Professional	Master
1. _____				
2. _____				
3. _____				

Horse Nominations: Please list the name the horse will be shown under) List additional horses on a separate sheet

Horse Name	Owner of Horse
1. _____	_____
2. _____	_____
3. _____	_____

NOTE: One Horse/Pony is included for each member. Additional Horse/Pony nomination fees apply. See below

Family Membership	_____	@ \$50.00	_____
Single Membership	_____	@ \$35.00	_____
USDF Membership \$10 each additional family member	_____	@ \$24.00	_____
Additional Horse/Pony Nominations	_____	@ \$10.00	_____
Pony Club Discount (initial membership only) Club Name: _____		- \$5.00	_____

Total Amount Due _____

Please return form to: MI-SHO, 4734 Drda Ln., Edwardsville, IL 62025
www.midilsporthorseorg.com

For Office Use Only: Received _____ Check# _____ Cash _____ Card _____ PayPal _____