

2018 Michigan Horse Show Association Affiliate Membership Application

(Membership is from December 1st thru November 30th)



To qualify for a Award the horse's owner MUST be a member, except Equitation, only rider MUST be a member

Member: _____ (PLEASE PRINT)

Address: _____ City: _____

State: _____ Zip: _____ Telephone: () _____

E-mail address: _____

Family Members: _____

Date of birth

Date of birth

Date of birth

Date of birth

****If more room is needed for family members - please use separate sheet****

We respect your privacy and will only use your information for official *MHSA membership business*.

Name only will be published on the Web-site unless checked here: _____

Horse Breed _____ Discipline _____

Farms/Stables with horse's ownership under the Farms name, to calculate your horses' points correctly ~

Please list ALL horse names and the recorded registered Farm/Stable name below or on a separate sheet. If address is different from above, please list that as well. The more info you provide, the more points you can earn!

Farm/Stable Name/Owner _____ **Phone** _____

Address (If different from above) _____

Horse(s) _____ Reg # _____

_____ Reg # _____

_____ Reg # _____

_____ Reg # _____

If more room is needed, please use separate page

Are you interested in volunteering to help with? : Welcome to Summer Show ___ Youth Show ___ Board Member

Mail to: Anise Silvernail-Corcoran - MHSA Membership 9207 Pontiac Trail South I von MI 48178