

MI-SHO Membership Form

Date _____

Main Contact

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

Returning member: YES NO

Home Number: _____ Cell Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Stable: _____ Trainer: _____

Types of Memberships

____ Single: One voting member; access to show bills & rulebook online

____ Family: Two voting members; access to show bills & rulebook online

List participating members/family members and category, Junior's/Master's Date of Birth* is required

Name	Adult					Date of Birth
	Beginner	Limit	Amateur	Open	JR*	
1. _____	/	/	/	/	/	/
2. _____	/	/	/	/	/	/
3. _____	/	/	/	/	/	/
4. _____	/	/	/	/	/	/
5. _____	/	/	/	/	/	/

Family Membership _____ @ \$50.00 _____

Single Membership _____ @ \$35.00 _____

USDF Group Member _____ @ \$20.00 _____

\$10 each additional family member

Pony Club Discount (initial membership only) \$ 5.00 _____

Club Name: _____

Volunteer Opportunity
Please mark your preference

- Communications
 Show Committee
 Banquet
 Clinic

Total Enclosed _____

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

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