

Central Michigan Horseman's Association

Membership Form 2021

ONE FORM PER PERSON

Youth Membership~ a youth membership is for anyone, 18 & under as of January 1st, 2021 \$5.00
Adult Membership~ an adult membership is for anyone, 19 & over as of January 1st, 2021 \$15.00

Back Numbers: All C.M.H.A. members are required to have an assigned back number to show and earn year end points, a different back number for each horse/rider combination. C.M.H.A. purchases back numbers 1-700 ONLY, if you are a member and want to use a back number higher than 700, you will have to provide your own number(s). Each member will receive one set of two (2) back numbers with their membership if they choose a back number between 1 and 700. The reserved back numbers will be available in the show office, at the first show attended. Any questions or for more information, please contact Katie Hartsuff at cmhasecretary@gmail.com. Memberships may be purchased at the shows, but to save your 2019/2020 back number your membership form and payment must be received no later than April 1st, 2021.

****MUST RECEIVE MEMBERSHIP FORM & PAYMENT BY APRIL 1ST TO SAVE YOUR 2019/2020 BACK #****

PLEASE PRINT CLEARLY~PLEASE fill out completely, incomplete forms may delay processing your membership.

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip Code: _____ D.O.B. _____

Phone: _____

Email: _____

Horse Information: *Please print clearly the following information-horse name (as it will be entered in the data base, announced, and printed on awards), year the horse was foaled, breed, and color of horse (ex: bay, overo/tobiano, buckskin, etc), the back # you are requesting. If showing more than one horse, you will need additional back #s, one per horse/rider combination. REMINDER: members DO NOT begin earning year end points until membership is paid. Points earned prior to purchasing a membership will not be included in the yearend total.

HORSE NAME	YEAR FOALED	BREED	BACK #
1. _____			
2. _____			
3. _____			
4. _____			

CASH or CHECK # _____ TOTAL ENCLOSED: _____ Date Received: _____

*Make checks payable to: C.M.H.A. and mail to:

C.M.H.A. MEMBERSHIP C\O Katie Hartsuff 3846 Hibbard Road Corunna, MI 48817