



Membership Application

Name(s): _____

Youth Name(s): _____

Stable/Farm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (Home) _____ (Work/Cell) _____

E-mail: _____

Website: _____

Horse Registration (*check all that applies*):

AMHA: _____ AMHR: _____ WCMHR: _____ ASPC: _____

_____ Please initial here to give us permission to post your name, email, stable/farm name, phone number, website and chosen registries on the club website.

Individual With Newsletter: \$25.00 _____
(*Any Individual 18 years or older*)

Family Membership With Newsletter: \$30.00 _____
(*Husband, Wife/Spouse and any children under 18 years old or Individual with Significant other*)

Youth Membership: \$5.00 _____
(*Under 18 years without family membership. Does not include newsletter, must have parental consent.*)

Newsletter Only: \$15.00 _____

Business Card in Newsletter: \$15.00 _____
(*Advertisement*)

(All Current Memberships Expire On September 30th)

Make All Checks Payable To: *Intermountain Miniature Horse Club*
Mail To:

IMHC SECRETARY
LINDA MAY

