



MIDWESTERN HORSEMAN'S SOCIETY MEMBERSHIP APPLICATION

(Memberships from January 1st through December 31st each year)



DATE:
(DD/MM/YY)

TYPE OF MEMBERSHIP

NEW RENEWAL

- FAMILY \$50.00
- SINGLE \$25.00
- ASSOCIATE \$15.00

METHOD OF PAYMENT:

(Please make checks payable to MWHS)

Cash Check Check Number: _____

NAME:

ADDRESS:

City _____ Postal Code _____

PHONE:

Home _____ Cell _____

EMAIL:

INSURANCE COMPANY:

INSURANCE POLICY NUMBER:

Please list below ALL of the members included in your family membership.
ALL EXHIBITORS 18 YEARS OF AGE AND UNDER MUST GIVE THEIR DATE OF BIRTH

NAME OF FAMILY MEMBERS

DATE OF BIRTH (dd/mm/yy)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(if additional room is required, please continue list on the back of the sheet)

I/we are familiar with the risk of injury and death that any participant in this activity must assume, and I/we believe that I/we am physically, emotionally and mentally able to participate in this activity, and that my/our equipment is mechanically fit for my/our use in this activity. I/we also understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me/us. Furthermore, I/we understand that conduct of all persons present at MWHS events shall be orderly, responsible, sportsmanlike, and humane in the treatment of all animals. With my/our membership, I/we will receive a rulebook, which I/we agree to read and ensure I/we agree to abide by the rules and regulations of MWHS. I/we understand that MWHS assumes no responsibility in the case of loss or damage to persons, horses, or personal property from any cause and upon this condition only are memberships accepted.

SIGNATURE OF APPLICANT:

MAIL TO: **BRENDA DOUGLAS** 519 786 2234
5814 TOWNSEND LINE
LAMBTON SHORES, ON
N0N 1J7

SHOULD YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION OR MEMBER SERVICES, PLEASE DO NOT HESITATE TO CALL!