



2017 MEMBERSHIP APPLICATION

Membership Term January 1 through December 31

Membership (NEW):

- Membership: Immediate extended family (Children, Parents, Grandparents) \$30

Member Information (Must be 18 or older):

Voting Member: _____ Birthdate: _____
 Address: _____ Email: _____
 City: _____ Phone: _____
 Zip: _____

Family Member Information (Please list each family member):

Adult Member: _____ Birthdate: _____
 Youth Name: _____ Birthdate: _____
 Youth Name: _____ Birthdate: _____
 Youth Name: _____ Birthdate: _____
 Youth Name: _____ Birthdate: _____

Interests:

- Showing - Breed
- Showing - Open
- Breeding
- Trail Riding
- Boarding
- Instructional Clinics
- Training
- Other (list) _____

Volunteerism (NEW Opportunities):

Our club is run by volunteers. Without your help, we are not able to provide opportunities for you. This club is what you make it! Please share with us what you can help your club with. None of the following require prior knowledge or experience except the Trail Judging. Please check **AT LEAST** one area you can help with.

- Show Ring Steward
- Show Ribbon Helper
- Show Announcer
- Other (list) _____
- Trail Ride Coordinator
- Show Clean-up
- Show Gatekeeper
- Show Barn Manager
- Show - Pick up Volunteer's Meals/Pop/Snacks (Paid for by the Club)
- Awards Coordinator
- Show Trail Judges (Trail Experience req'd)
- Annual Banquet Committee Member
- Silent Auction Committee Member
- Clinic Coordinator

Tell us about your horses (Please feel free to include this information on the back or separate piece of paper):

Registered Name	Breed	Sex	Color	Year Born	Sire	Dam	Sale (S) or Lease (L)

Other Programs:

The WMHA also has a Medallion Program (your horse earns points/awards from participating in WMHA approved shows) and a Makin Tracks Program (earn points/awards just for riding). See our website at www.wmhaclub.com for more information.

By submitting this membership application, you agree to hold the WMHA, its members and their families, committees, sponsors and assigns, harmless for any legal claims relating to physical, mental, or financial incidents or injury in association with WMHA sponsored events. In addition, signing this application constitutes that you have read and agree to all WMHA Rules and Bylaws.

WMHA is not responsible for injury, accidents, or loss, pursuant to Michigan Public Act 351 of 1994, Sec 3.

 Voting Member Signature _____
 Date

 Additional Adult Signature _____
 Date

For Office Use Only
 Date Rec'd: _____
 Check #: _____
 Amount: _____

**Make checks payable to WMHA. Mail Application and Payment to:
 Jeanna Michalek, 871 Bendon Rd., Interlochen, MI 49643**