



Eastern Michigan Horseman's Association

Membership Application

I/We _____ Hereby apply for membership to EMHA in the year 2024

_____ Individual Membership - \$35.00

_____ Family Membership. - \$55.00

*Family Membership includes non married, immediate family. Children must be under age 22 to qualify for family membership and MUST be living within the same household.

**COPIES OF BIRTH CERTIFICATES ARE REQUIRED FOR ALL RIDERS 15 YEARS & UNDER.
LIST ALL MEMBERS NAMES, BIRTHDATES & AGES (Ages determined as of January 1st)**

Please Print:

1. NAME: _____ Birth Date: _____ Age: ____ Shirt Size: ____ Blanket Size: ____
2. NAME: _____ Birth Date: _____ Age: ____ Shirt Size: ____ Blanket Size: ____
3. NAME: _____ Birth Date: _____ Age: ____ Shirt Size: ____ Blanket Size: ____
4. NAME: _____ Birth Date: _____ Age: ____ Shirt Size: ____ Blanket Size: ____
5. NAME: _____ Birth Date: _____ Age: ____ Shirt Size: ____ Blanket Size: ____

Permanent Back Numbers are available for \$5.00. If you would like 2 laminated copies, please add \$5.00 (totaling \$10 for Number + Lamination)

(Please contact EMHA before picking a number to ensure it is available)

Back Numbers	1)	2)	3)	4)	5)
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ADDRESS: _____ CITY: _____

ZIP: _____ Telephone: _____ E-MAIL: _____

Are you a New Member: _____ or Previous Member: _____

E.M.H.A will not accept responsibility for the loss of or damage to or injury to any exhibitor or any horse exhibited or for the possessions of any exhibitor whether the result of accident or any other cause. It is distinctly understood that every horse at these shows is in the care and custody and control of its owner or handler or rider during the entire time the horse is on the premises. On these conditions only are applications accepted

****I/WE agree to abide by all associations rules and decisions****

Signature: _____ Print: _____ Date: _____

Please make all checks payable to EMHA

Office Use Only: Date Received: _____ Payment Type: Cash. Check # _____ . PayPal