



# 2008 MHHA MEMBERSHIP APPLICATION

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

Communication Preference: (check one)

Email     Postal Mail

Email Address \_\_\_\_\_

Physical Location(s) where Horse(s) are usually stabled:

Farm or Stable \_\_\_\_\_

Town, State \_\_\_\_\_

Membership Fees:

Basic Membership \$50.00

Sulky Insurance \$10.00

TOTAL: \_\_\_\_\_

*\*I have read and understand the  
Sulky Insurance User Agreement* \_\_\_\_\_

Return to: MHHA PO Box 436 Augusta Me 04332-0436