



# 2010 MHHA MEMBERSHIP APPLICATION

**PLEASE PRINT LEGIBLY:**

NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

This will be provided to Agricultural Fairs.

APPLICANT SIGNATURE \_\_\_\_\_

E-Mail address \_\_\_\_\_

Physical Location(s) where horses are usually stabled:

Stable \_\_\_\_\_

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

List at least one horse you own \_\_\_\_\_

.....

**Membership Fees:**

- |   |         |
|---|---------|
| <input type="checkbox"/> Associate Membership | \$20.00 |
| <input type="checkbox"/> Full Membership      | \$60.00 |

**Payment Method:**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Check enclosed |                                     |
| <input type="checkbox"/> VISA           | <input type="checkbox"/> MasterCard |

From back of card:

Card number \_\_\_\_\_ CVA code \_\_\_\_ (\_\_\_\_) \_\_\_\_

Expiration date \_\_\_\_ / \_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Signature of cardholder \_\_\_\_\_