



MICHIGAN APPALOOSA HORSE ASSOCIATION

Application for Membership – Membership Year _____
 (January 1st – December 31st)

General Membership Fees	
Lifetime Husband & Wife - \$200.00	\$ _____
Husband & Wife - \$20.00	\$ _____
Lifetime Single Adult - \$150.00	\$ _____
Single Adult - \$15.00	\$ _____
Youth (each) - \$5.00	\$ _____
Lifetime Family - \$250.00	\$ _____
<i>(includes Husband, Wife & Children – 18 & under)</i>	
Horse Nominations (each) - \$5.00	\$ _____
Total	\$ _____

Office Use

Make check payable to: **MAPHA**

Mail to:

Sheryl Steiner, MAPHA Treasurer
 4233 Haven Ct., Adrian, MI 49221

Checks returned for Non-Sufficient Funds will incur a \$25.00 service charge.

HOUSEHOLD ADDRESS:

Street Address: _____ Phone: (____) _____

City: _____ State/Prov.: _____ Zip: _____ Country: _____

E-Mail Address: _____ Add to E-mail list (newsletter/club info?) Y/N _____

Husband & Wife Section

(Please indicate N for New Member or R for Renewal in the first column)

N/R	Last Name	First Name	Initial	Non-Pro?	MAPHA Mem #	ApHC Nat'l Mem #

Single Adult Section

N/R	Last Name	First Name	Initial	Non-Pro?	MAPHA Mem #	ApHC Nat'l Mem #

Youth Section

N/R	Last Name	First Name	Initial	BIRTHDATE	MAPHA Mem #	ApHC Nat'l Mem #

Horse Nominations – Points for MAPHA Year End Awards do not begin to accumulate **until:**

- 1.) The Horse nomination is paid/received by the MAPHA for the show year, and
- 2.) Both the owner and exhibitor are current MAPHA members

* Enter the following information **exactly** as it appears on the ApHC Registration papers *

Horse Reg. Name: _____	ApHC Reg.#: _____	Sex: _____	Year Foaled: _____
Owner(s) Name: _____		ApHC Mem.#: _____	
_____		ApHC Mem.#: _____	
Horse Reg. Name: _____	ApHC Reg.#: _____	Sex: _____	Year Foaled: _____
Owner(s) Name: _____		ApHC Mem.#: _____	
_____		ApHC Mem.#: _____	

Please send a Horse Nomination form for additional horses.