

East Coast Miniature Horse Club
Membership Application Form

Date: _____ PLEASE PRINT LEGIBLY

Type of Application: (Please check one)

New _____ Renewal _____ Family _____ Individual _____

Member Name: _____ Youth Birth Date: _____

Mailing Address: _____

City, State and Zip Code: _____

Home Phone: _____ Business Phone: _____ Cell#: _____

Email address: _____

Amateur: _____ Novice Amateur: _____ Youth: _____ Novice Youth: _____ Open: _____

Complete the Following Information for Family Members Only:

Spouses Name: _____

Name of Youth: _____ Birth Date: _____ Y or NY: _____

Name of Youth: _____ Birth Date: _____ Y or NY: _____

Name of Youth: _____ Birth Date: _____ Y or NY: _____

Name of Youth: _____ Birth Date: _____ Y or NY: _____

Youth are Unmarried Children 18 years & under as of Jan 1**

- | | |
|---------------------|---|
| Individual: \$25.00 | An individual member is entitled to all membership privileges and one vote at membership meetings. |
| Family: \$35.00 | A family membership entitles husband, wife and all unmarried Children 18 yrs and under to all membership privileges, but is Restricted to two votes at membership meetings. |
| Youth: \$10.00 | An individual youth member is entitled to all membership privileges, but cannot vote at membership meetings. |

Make checks payable to East Coast Miniature Horse Club or ECMHC, upon approval of this membership application I/we promise to uphold the principals of ECMHC and willfully submit myself/ourselves to the conditions stated in the ECMHC Bylaws.

Date: _____ Applicants Signature: _____

Please complete this form front and back (If applicable) and return to:

Dan Mershon
6008 Sandy Creek Church Rd
Staley, NC 27355

Or email updated information to dmersh01@yahoo.com

Date received by Secretary/Points Secretary: _____

Method of payment: Cash _____ Check _____

ECMHC RULE: To be eligible for awards in ECMHC, Amateur and Youth Exhibitors and Horse Owners must be members in good standing, and the HORSE must be registered with the ECMHC points secretary on the standard form provided by ECMHC. Awards will be given for one horse/one exhibitor combination.

Total number of horses to be registered: _____

Please print full name of horse. Points will be counted for names of horses shown on this registration form. (Name of horse must match with name of horse on class entry forms. This is the name that will be on any printouts from the database).

1. Registered Name of Horse: _____

Owner of Horse: _____

Registration #: _____

Sex (circle one): Mare Stallion Gelding

2. Registered Name of Horse: _____

Owner of Horse: _____

Registration #: _____

Sex (circle one): Mare Stallion Gelding

3. Registered Name of Horse: _____

Owner of Horse: _____

Registration #: _____

Sex (circle one): Mare Stallion Gelding

4. Registered Name of Horse: _____

Owner of Horse: _____

Registration #: _____

Sex (circle one): Mare Stallion Gelding

5. Registered Name of Horse: _____

Owner of Horse: _____

Registration #: _____

Sex (circle one): Mare Stallion Gelding

6. Registered Name of Horse: _____

Owner of Horse: _____

Registration #: _____

Sex (circle one): Mare Stallion Gelding

If more space is needed, please list additional horses on another sheet of paper and attach.

Total amount enclosed for Membership Fee: _____