

For Secretary use only: **Total** amount received: \$ _____ Sponsor or donation? Yes No Amount: \$ _____

Date: _____ Received by: _____

MEBRA MEMBERSHIP APPLICATION

Name: _____ Date: _____

Horse's Name: _____ MEBRA # _____

Mailing Address: _____ City _____ State _____ Zip _____

Email Address: _____ Phone # _____

(family member must be living in the same household - only parents and children (under 19 or in college) and husband and wife)

2nd Family Member Name: _____ D.O.B. _____

Horse's Name: _____ MEBRA # _____

3rd Family Member Name: _____ D.O.B. _____

Horse's Name: _____ MEBRA # _____

Each number is assigned to a specific horse/rider combination and can only be used with that horse (even if you switch horses after one ride). Use your name and horse's name as it appears on the membership application. Members are responsible for remembering their own numbers. All members must have a number under 300 (even if you only ride the horse one time). If you do not use the names as shown on the membership application (with your assigned number) for the entire show season, the club will not be responsible for any misapplied points. Points will not be adjusted for errors of this type.

I have read and understand this rule _____ (INITIALS)

Minimum donation/Sponsor Fees to be eligible for Year End Awards are as follows: \$30 in sponsors (per family) or a \$50 donation for the 1st family member and \$25 for each additional family member - (payable within 30 days of membership)

I have read and understand this rule _____ (INITIALS)

Awards information: If you are fortunate enough to qualify for an award at the end of the show season, we would like the following information to help the Awards Committee select an appropriate award for you. Although you are not guaranteed the award of your choice, the Committee will do its best to select something as close as possible, within budget allowances.

Would you prefer a trophy: Yes No Would you prefer equipment: Yes No

Colors: _____ Human size: _____ Horse size: _____

Comments or suggestions: _____

I hereby promise to honor all rules and by-laws of the MEBRA and to be a member in good standing. I realize that failure to do so, in any way, can subject my membership to forfeiture.

Signature of member: _____

_____ Individual \$25

_____ Family - for 2 members please enclose \$35. Add \$5 for each additional family member.

_____ *(family member must be living in the same household - only parents and children (under 19 or in college) and husband and wife)*

_____ Add \$50 (1st member + \$25 each additional family member) if you would like to make a donation today in order to be eligible for year-end awards.

_____ **TOTAL**