

For Secretary use only: Total amount received: \$ _____ Sponsor [] Donation [] Neither [] Amount: \$ _____
Date: _____ Received by: _____

MEBRA MEMBERSHIP APPLICATION

2019 Season: Numbers between 1-299 are for members running for points. Numbers greater than 300 are for non-members and members who are not running for points (either by choice (no sponsor), or due to signing up after ½ of the show season is over).

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 # _____

Numbers/Points: Each number is assigned to a specific horse/rider combination for the entire season. Members are responsible for remembering their own numbers. You must use the names as written above on the membership application (with your assigned number) on entry forms for the entire show season. Points will not be adjusted for errors of this type.

Sponsors/Donations (*Req't for Year End Award eligibility*): **SPONSORS:** Min.\$50 (Individual & Family) **DEADLINE PRIOR TO 1ST SHOW**
-OR- **DONATIONS:** Individual membership: \$50; Family membership: \$50 1st family member, +\$25 for each add'l family member
(donation option available from year start if you choose not to get sponsor(s); however, it is the only option available for new members from the 1st show to ½ way through the show season in order to run for points/year end awards)

Year End Awards: If you qualify for an award at the end of the show season, the following information will help the Awards Committee select an award for you. The Committee will do its best to select something preferred, within budget allowances.

Comments or suggestions: _____

Colors: _____ Human size: _____ Horse size: _____

I hereby promise to honor all rules and by-laws of the MEBRA and be a member in good standing. I realize that failure to do so, in any way, can subject my membership to forfeiture. I have read and understand above regarding numbers, points, sponsors and donations.

Signature of member: _____

\$ _____ **MEMBERSHIP FEE** → Individual: \$25 -OR- Family: \$35 for TWO members, +\$5 for each additional member

\$ _____ **DONATION** → Individual: \$50 -OR- Family: \$50 for FIRST family member, +\$25 for each additional member
(Donation req'd to qualify for year end awards if: sponsor deadline has passed OR if you have chosen to not get a sponsor(s))

\$ _____ **TOTAL ENCLOSED AMOUNT**