



THE AMERICAN MINIATURE HORSE ASSOCIATION, INC.

5601 S Interstate 35 W • Alvarado, Texas 76009

(817) 783-5600 • FAX (817) 783-6403

http://www.amha.org

MEMBERSHIP APPLICATION

Please check the appropriate Membership, complete the information below, and return.
 Applicants agree to abide by all the Rules, Regulations and decisions of the AMHA, its Officers and Directors or its appointees.

	<u>USA</u>	<u>CANADA</u>	<u>INTERNATIONAL</u>
Annual Membership *	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$70.00
3 rd Member or Subsequent in household **	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$35.00
Youth Membership***	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00
Associate Membership****	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$70.00
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3 Year Membership	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$210.00
3 rd Member or Subsequent in household	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$105.00

* Annual Membership doesn't expire until one year from the month payment is received.

** Must reside at same address as Member.

*** Valid until youth age limit is exceeded as defined in the AMHA Rulebook (Article IV-Section 2-D)

****Non-AMHA Horse Owners Only

NOTE: MEMBERSHIP INCLUDES SPOUSE ONLY IF REQUESTED.

Please Print:

For Show Purposes please include sex and birth date
 (Sex and birth date required for Youth)

 Primary Member Name Male Female Birth Date _____
 MM/DD/YY

 Spouse Name Male Female Birth Date _____
 MM/DD/YY

 3rd Member or Subsequent at same address Male Female Birth Date _____
 MM/DD/YY

 Youth Name Male Female Birth Date _____
 MM/DD/YY

 Youth Name Male Female Birth Date _____
 MM/DD/YY

Private Check to have AMHA not publish your address (this is independent of Public Phone)

 Address City / State /Zip/Country

 Public Phone Daytime Phone - AMHA use only E-mail Address
 (Leave blank for unlisted) (Can be same as public phone)

PLEASE MAKE ALL PAYMENTS IN US FUNDS

____ Credit Card ____ Check Enclosed

Credit Card #: _____ Expiration Date: ____/____ CVV: _____

Name on Card: _____ Signature: _____