



MORAB HORSE ASSOCIATION BREEDER'S NETWORK PROGRAM

ENROLLMENT FORM

Please print clearly in blue or black ink.

RULES:

- Current MHA Membership is required for participation in all MHA Programs.
- Morabs must be purebred and MHA registered. (Appendix registered Morabs are not eligible.)
- Arabians and Morgans must be registered with AHA or AMHA. Registration papers must be submitted with application and payment.
- No horse will be included in any BN benefit until all paperwork and fees have been submitted.

FEES:

- Membership term is January 1 through December 31. Membership fees are non-refundable.
- \$40—January 1 through December 31
- \$30—After June 1 through December 31

MEMBER INFORMATION:

Name: _____ MHA Membership Number: _____

Farm Name: _____

Address: _____ Phone Number: _____

City/State/Zip Code: _____ E-mail: _____

Other: _____

It is recommended that your farm prefix be registered with MHA to avoid duplication. Prefix Application is available on the MHA website, or contact the MHA business office at businessoffice@morabs.com or call (715) 535-2184.

By signing this application, I certify that all information provided is true and accurate to the best of my knowledge, and subject myself to, and agree to be bound by, all rules and regulations governing the MHA Breeder's Network Program, as may be amended from time to time by the Board of Directors of MHA.

Member Signature: _____ Date: _____

Please return both pages of this form and the enrollment fee to:

Morab Horse Association & Register, Inc.
W15306 Boldig Road
Tigerton, WI 54486

OFFICE USE ONLY

Check #: _____ Date Received: _____ Membership Term: _____

MORAB ENTRY INFORMATION:

Registered Name: _____

MHA Registration Number: _____ Mare _____ Stallion _____

Registered Name: _____

MHA Registration Number: _____ Mare _____ Stallion _____

ARABIAN ENTRY INFORMATION:

Registered Name: _____

AHA Registration Number: _____ Mare _____ Stallion _____

Registered Name: _____

AHA Registration Number: _____ Mare _____ Stallion _____

MORGAN ENTRY INFORMATION:

Registered Name: _____

AMHA Registration Number: _____ Mare _____ Stallion _____

Registered Name: _____

AMHA Registration Number: _____ Mare _____ Stallion _____

Member Survey:

What services would you like to receive as a member of the MHA Breeders Network to help promote your farm or breeding program? (e.g., joint advertising, website advertising, distribution of farm advertising materials at shows, expos, etc., other)

Would you like to be contacted about any of the following events in order to participate and promote your farm or breeding program?

Horse Shows Horse Expos Clinics Other: _____