



MORAB HORSE ASSOCIATION, INC. MEMBERSHIP APPLICATION

Membership term is January 1 through December 31. Membership fees are non-refundable. Applications received after October 30 will be applied to the following year.

Name _____ Farm Name _____

Street/City/State/Zip _____

Phone _____ Fax _____ Email _____

Is this a: Renewal New Membership
 Individual (\$20) Family (\$30) Youth (\$15) Life Membership (\$150)

For Family Memberships, spouse/other adult in household: _____, and

Minor child: _____ DOB: ___ / ___ / ___ Address (if different): _____

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Minor child: _____ DOB: ___ / ___ / ___ Address (if different): _____

Additional children may be listed on the back.

Enclosed is my Check/MO no. _____ for \$ _____. or, Payment made via PayPal \$ _____

How many horses do you own? _____ # of Morabs _____ # of Arabians _____ # of Morgans _____

Do you stand a Morab, Arabian, or Morgan stallion? Yes No

If so, how many? _____ Morabs _____ Arabians _____ Morgans

Would you like information or to participate in the Breeders Network Program? Yes No

I hereby certify that I agree to abide and be bound by the Articles of Incorporation, By-laws, and rules and regulations of the Morab Horse Association, Inc., including all future amendments.

Signature _____ Date _____

NOTE: Your name, address, telephone no., and farm name will be published in the MHA Membership Directory. If you DO NOT want your information published, check here:

REGISTER YOUR FARM PREFIX:

Protect your farm name - reserve your farm prefix here. **\$35.00** fee reserves your farm prefix **FOR LIFE**.

Prefix _____ (may not contain numbers)

Check/MO No. _____

Complete this form and submit with payment (make check payable to Morab Horse Association) to:

Morab Horse Association
W15306 Boldig Rd, Tigerton, WI 54486
(715) 535-2184 - businessoffice@morabs.com