



2010 MHHA MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY:

NAME (LAST) _____ (FIRST) _____

MAILING ADDRESS _____

TOWN _____ STATE _____ ZIP _____

PHONE (_____) _____ CELL (_____) _____

SOCIAL SECURITY # _____

This will be provided to Agricultural Fairs.

APPLICANT SIGNATURE _____

E-Mail address _____

Physical Location(s) where horses are usually stabled:

Stable _____

Town, State _____

List at least one horse you own _____

.....

Membership Fees:

- | | |
|---|---------|
| <input type="checkbox"/> Associate Membership | \$20.00 |
| <input type="checkbox"/> Full Membership | \$60.00 |

Payment Method:

- | | | |
|---|-------------------------------------|--------------------|
| <input type="checkbox"/> Check enclosed | | |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | From back of card: |

Card number _____ CVA code ____ (_____) _____

Expiration date _____ / _____

Name as it appears on credit card _____

Signature of cardholder _____

Mail to MHHA, P.O. Box 436, Augusta, ME 04332 Phone (207) 623-6442 Fax (207) 623-6444