



MHCO Membership Application Form

Rev. 12 February 15, 2017

Receipt Sent: _____

Membership #: _____

My signature below confirms my desire to become a member of this club and herewith I tender my application along with the annual fee to become a member of the Miniature Horse Club of Ontario (MHCO).* The MHCO abides by and enforces the rules of the MHCO as well as ASPC/AMHR/ASPR and AMHA, when applicable.

Name(s): _____

For Farm/Business Memberships-ONLY the Farm/Business Owners listed on application form will be given full membership rights

Farm/Business Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Telephone: _____

Email: _____ Website: _____

Who referred you to join the MHCO/how did you learn about the MHCO? Please Circle and provide details:

Friend/Acquaintance: _____ MHCO Event: _____ Website/FB: _____ Other: _____

Membership Categories (Please check one) - see MHCO By-Laws for more details:

	Youth	\$25 – 17 Years & under
	Individual	\$40 – 18 Years & over
	Family:	\$50 – All family members who reside at same address
	Farm/Business:	\$60 – All owners of, and those affiliated with, the farm/business

- **All Membership dues are to be remitted to MHCO in Canadian Dollars only**
 - Membership is for the year January 1 – December 31
- **Memberships received POSTMARKED by December 31 take \$5 off regular rates above**

Membership fees are required to be paid in full by January 1st of the current year in order for members to be eligible to volunteer/participate in representing the MHCO at promotional events and clinics not hosted by the MHCO. (i.e.: Trade Shows, Promotional Events, etc.). Attending horse shows is exempt-you may purchase a membership at a show.

Junior & Youth MUST provide PARENT or LEGAL GUARDIAN consent and be accompanied to MHCO Events by an Adult.

I acknowledge that in order to participate in any MHCO Club activities I must have an insurance policy of a minimum of \$2,000,000 (Two Million Dollars) that covers any liability I might incur at MHCO Club activities for the year of my membership.

I, hereby guarantee that all my horses attending MHCO events are current for their Rabies vaccination.

I also acknowledge that I may be asked to provide proof of insurance and rabies vaccination and as such will carry proof to all MHCO Events where my horse(s) are present.

Signature _____ Date: _____

***Presentation of this signed application shall be deemed as acceptance and agreement that I will abide by all of the terms and regulations as set forth in the By-Laws, the Rules and the Code of Conduct of the MHCO, in addition to all amendments made thereto and hereafter, by the MHCO.**

Member's Signature: _____ Date: _____

For Youth Memberships, Please provide D.O.B: _____ M/D/Y

Signature of Parent/Guardian if under 18 years: _____ Date: _____

Make cheques payable to "MHCO" & forward to The MHCO Membership Coordinator
Etransfers can be sent to treasurer@mhco.ca