



MHCO Membership Application Form

Rev. 15 October 11, 2022

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 ASPCA/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: _____

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

<input type="checkbox"/>	Youth	\$25 – 17 Years & under
<input type="checkbox"/>	Individual	\$40 – 18 Years & over
<input type="checkbox"/>	Family:	\$50 – All family members who reside at same address
<input type="checkbox"/>	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 as required under the Ontario Health Protection and Promotion Act R.R.O. 1990, Regulation 567.

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

Over →



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MINIATURE HORSE CLUB OF ONTARIO INDEMNIFICATION AGREEMENT

The Miniature Horse Club of Ontario, its executive, volunteers, and owners and staff of any chosen venue will not be responsible for any accident, or damage that may occur, or be caused by, any owner / exhibitor or their equine(s) while on event property, nor will they be responsible for any article lost, stolen or destroyed.

Each owner / exhibitor shall be responsible for the equines under their custody or control and shall indemnify and hold harmless MHCO and aforesaid staff and venue against all claims and expense of every kind arising from accident, injury or damages caused by themselves or their animals.

Junior and youth participants must prove consent of parent or legal guardian.

Presentation of this signed form shall be deemed acceptance of the above and failure to sign this form will disqualify member from participating in any club event.

I/We, _____ (please print) hereby declare that I/we have a current insurance policy of a minimum of \$2,000,000. (Two Million Dollars) that covers any liability I might incur at club activities for the current year.

The insurance is with _____

I/We, _____ hereby guarantee that all of my/our horses attending MHCO events are current on their rabies vaccination as required under the Ontario Health Protection and Promotion Act R.R.O. 1990, Regulation 567.

Proof of insurance and rabies vaccination may be required, thus must be available at all MHCO events where my horse(s) are present.

Signatures: Owner: _____ Date: _____

Exhibitor: _____ Date: _____

Parent / Guardian: _____ Date: _____

Name of Junior/Youth: _____

The MHCO strongly recommends that anyone, regardless of age or ability, wear an approved equine riding helmet while either riding or driving in a horse-drawn vehicle.