

Please Note: Joining online at www.mhja.org under the documents tab will expediate and simplify the membership process. Paper applications mailed to the office, or filled out at shows, slows down the process and increases the risk of lost memberships, which could result in points issues. If you would like help joining online, please contact the MHJA Clerk at mhjaclerk@gmail.com



Michigan Hunter Jumper Assn 2018 Membership Application

October 1, 2017 through September 30, 2018

IN ORDER TO BE AWARDED POINTS TOWARD MHJA ANNUAL CHAMPIONSHIPS THE FOLLOWING CONDITIONS MUST BE MET:

FOR EQUITATION DIVISIONS: THE RIDER MUST BE A CURRENT MHJA MEMBER
FOR HUNTER & JUMPER DIVISIONS: THE OWNER OF THE HORSE OR PONY MUST BE A CURRENT MHJA MEMBER
AND A \$10 RECORDING FEE FOR THE HORSE MUST BE PAID ANNUALLY

Application for Memberships must be made prior to the end of the MHJA Approved Show for which you wish points to be awarded toward the MHJA Annual Championships. All members must be in good standing.

\$35 Individual Membership **Already a member-Horse Recording Only**

Name _____ MHJA# _____ DOB _____

Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

Member Type?: Amateur/Adult Junior - *Age on 12-1-2017? _____ Professional
*Your age on Dec 1, 2017 is your show age for the entire season

Were you an MHJA member in 2017? _____ If No, have you ever been a member of MHJA? _____

Show Interest? Regular Member "B" Pony C-Circuit *Please check all that apply

Trainer Name: _____

\$15 Horse Recording – MUST BE OWNED OR LEASED BY ABOVE MEMBER OR SUBMIT A SEPARATE FORM

Horse/Pony Name _____

MHJA# _____ Sex _____ Color _____ Age _____ Height _____

(Full Horse Description is a REQUIRED field)

Was this horse recorded in 2017? _____ If NO, has it ever been recorded with MHJA? _____

Previous Owner if it is new to you: _____ Has this horse ever been shown under a different name than above? if so what name? _____

Donation to the MHJA Annual Scholarship Fund

Your donation is greatly appreciated and is tax deductible. Please support this very important MHJA Program. I would like to donate \$ _____ to the MHJA Annual Scholarship Fund.

Membership @ \$35 _____

Horse Recording @ \$15 _____

Scholarship Donation@ _____

Check # (NO CASH) _____ Payable to MHJA is enclosed in the amount of \$ _____

Mail Application To: MHJA Office c/o Kerrin Chapman 4915 Granger Road, Oxford, MI 48371