



# MICHIGAN HUNTER JUMPER ASSOCIATION

20\_\_\_\_ Membership Application

October 1 through September 30

By joining the MHJA, I recognize that it is MY responsibility to know, understand, and follow the rules set-forth with in.

In order to be awarded points toward MHJA annual championships the following 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 \$15 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 MHJA Annual Championships. All members must be in good standing.

\_\_\_\_\_ **\$50 Individual Membership.**

\_\_\_\_\_ **Horse Recording Only**

**Name** \_\_\_\_\_ **MHJA#** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Member Type:** \_\_\_\_\_ **Amateur/Adult** \_\_\_\_\_ **Junior\*** \_\_\_\_\_ **Professional**

\*Age on 12-1-17 is your show age

**We're you an MHJA member last year?** \_\_\_\_\_ **If NO have you ever been a member** \_\_\_\_\_

**Show Interest?** \_\_\_\_\_ **Regular Member** \_\_\_\_\_ **Pony** \_\_\_\_\_ **C-Circuit**

**TrainerName:** \_\_\_\_\_

\_\_\_\_\_ **\$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 REQUIRED)**

**Was this horse recorded last year?** \_\_\_\_\_ **If NO, has it ever been recorded with MHJA** \_\_\_\_\_

**Previous Owner if it is a new horse to you:** \_\_\_\_\_

**Previous Show name:** \_\_\_\_\_

**TAX DEDUCTIBLE DONATIONS**

**FRIEND OF THE MHJA:** \$ \_\_\_\_\_

**SCHOLARSHIP FUND:** \$ \_\_\_\_\_

**MEMBERSHIP @ \$50** \_\_\_\_\_

**HORSE RECORD @ \$15** \_\_\_\_\_

**CHECK #** \_\_\_\_\_ **CHECK TOTAL\$** \_\_\_\_\_

**CHECK PAYABLE TO: MHJA**

**MAIL APPLICATION TO: MHJA OFFICE C/O KERRIN CHAPMAN 4915 GRANGER RD, OXFORD, MI 48371**