



MIDWESTERN HORSEMAN'S SOCIETY

MEMBERSHIP APPLICATION

(Memberships from January 1st through December 31st each year)



DATE:

YYYY/MM/DD

NEW

RENEWAL

TYPE OF MEMBERSHIP

FAMILY \$60.00

SINGLE \$30.00

ASSOCIATE \$15.00

METHOD OF PAYMENT: EMT CASH CHEQUE

(Please make cheques payable to MWHS)

CHEQUE NUMBER _____

NAME: _____

MAILING ADDRESS: _____

City _____ *Postal Code* _____

PHONE: *Home* _____ *Cell* _____

EMAIL: _____

Please list below ALL of the members included in your family membership.

ALL EXHIBITORS 18 YEARS OF AGE AND UNDER AS OF JAN 1ST MUST GIVE THEIR DATE OF BIRTH

NAME OF FAMILY MEMBERS

DATE OF BIRTH (YYYY/MM/DD)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(if additional room is required, please continue list on the back of the sheet)

Canada's Anti-Spam Law As per Canada's Anti-Spam Law, expressed consent is needed to email or call you regarding MWHS information and updates. By initialing below, you are giving expressed consent to be contacted by MWHS Board of Director members regarding the MWHS. Please note that the MWHS will be keeping your information confidential by storing it in the organization's Google Drive and will NOT be given out to any third parties without your permission. I have read the above statement, and yes, the MWHS can contact me with information related to the MWHS. _____ (Initial)

I/we are familiar with the risk of injury and death that any participant in this activity must assume, and I/we believe that I/we am physically, emotionally and mentally able to participate in this activity, and that my/our equipment is mechanically fit for my/our use in this activity. I/we also understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me/us. Furthermore, I/we understand that conduct of all persons present at MWHS events shall be orderly, responsible, sportsmanlike, and humane in the treatment of all animals. With my/our membership, I/we will receive a rulebook, which I/we agree to read and ensure I/we agree to abide by the rules and regulations of MWHS. I/we understand that MWHS assumes no responsibility in the case of loss or damage to persons, horses, or personal property from any cause and upon this condition only are memberships accepted.

SIGNATURE OF APPLICANT: _____

MAIL TO: Sheila and Hayley Lampard
4029 Kimball Rd
R.R.#1 Corunna, ON
N0N1G0

E-MAIL TO: mwsmemberships@gmail.com

CHEQUES MADE PAYABLE TO M.W.H.S

SEND E-TRANSFERS ONLY TO
mwhstreasurersthomson@gmail.com