



**MIDWESTERN HORSEMAN'S SOCIETY
MEMBERSHIP APPLICATION**
(Memberships from January 1st through December 31st each year)



DATE: _____

TYPE OF MEMBERSHIP

NEW RENEWAL

- FAMILY \$60.00
- SINGLE \$30.00
- ASSOCIATE \$15.00

METHOD OF PAYMENT:

(Please make cheques payable to MWHS)

EMT CASH CHEQUE
CHEQUE NUMBER: _____

PLEASE NOTE:

When choosing a Family Membership please make sure the family members you are including on your membership fall under the definition of a family under MWHS Rules. The definition of a family is as follows:

With the exception of a spouse, a person may not be included in a Family Membership upon reaching his 19th birthday as of January 1st. Family members must reside together and be supported by the household. Exceptions are students away at school and/ or children living in the custody of another parent.

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 JANUARY 1ST MUST GIVE THEIR DATE OF BIRTH

NAME OF FAMILY MEMBERS

DATE OF BIRTH (YYYY/MM/DD)

NAME OF FAMILY MEMBERS	DATE OF BIRTH (YYYY/MM/DD)
_____	_____
_____	_____
_____	_____
_____	_____

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: _____

EMAIL TO: mwhsmemberships@gmail.com
MAIL TO:
Hayley Lampard
4029 Kimball Road, Corunna, ON N0N 1G0

CHEQUES MADE PAYABLE TO M.W.H.S
SEND E-TRANSFERS ONLY TO
mwhstreasurersthomson@gmail.com