



MLHC Membership Form

Date: _____

Year: _____

Membership Type: *Family* (\$25.00) *Single* (\$20.00)

Select: *New Member* or *Renewal*

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Contact Phone Number: _____ Spouse's Phone Number: _____

Email Address: _____ Spouse's Email Address: _____

Would you prefer to get your bi-monthly (*every two months*) newsletter by email: YES NO

Please list any children or dependents below:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

List the types of horse(s) you own: _____

Interest(s) you like to do with your horse(s) (*i.e., trail riding, 4H, Contesting...etc*):

Please circle things you would be attending or would be interested in helping with:

Trail/Barn Maintenance Event Planning Horse Shows Trail Rides Youth Education Round-Up

Christmas Party Fundraising Event Setup Event Cleanup Other: _____

With the payment of membership fees, I hold Muncie Light Horse Club harmless from any claims and/or litigation arising from club activities. _____

(Your Signature)

Make checks payable to MLHC, please bring this form and your dues to the next club meeting, or mail them to: MLHC, c/o Ilene Parrish, 11085 W US 36, Losantville IN 47354