



2020 MLHC Membership Form

Date _____

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

New Member

Renewal

Name: _____ Spouse: _____

Address _____

City _____ State _____ Zip _____

Preferred Phone Number _____ Spouse's Phone Number _____

Email Address _____ Spouse's Email Address _____

To Save on printing and postage costs would you prefer to get your monthly newsletter by email YES NO

Please list any children or dependents below:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

List the types of horses you own. _____

Interest with you horses (trail riding, 4H, contesting...etc.) _____

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

Trail Maintenance Event Planning Horse Shows Trail Rides Youth Education Round Up

Christmas Party Fundraising Club Maintenance _____

With 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