



## MEMBERSHIP FORM

Name(s) \_\_\_\_\_

Farm Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

e-mail \_\_\_\_\_

Website address \_\_\_\_\_

Please establish my membership in the Show Me Morgan Horse Club for the year \_\_\_\_\_.

I understand all memberships are from January 1<sup>st</sup> through December 31<sup>st</sup>.

\_\_\_\_\_ Family Membership (2 votes) \$25

\_\_\_\_\_ Individual Membership (1 vote) \$15

\_\_\_\_\_ Junior Membership (1 vote) \$10 (18 yrs & under)

**Send** payment and this completed form to:

SMMHC  
22332 Equilink Lane  
Marthasville, MO 63357