

MID-STATES MORGAN HORSE CLUB, INC.
Membership Form

Name _____

Farm Name _____

Address _____

Phone #(____) _____

Email _____

Children: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

AMHA Member? _____

General Family Membership (Husband, wife, children under 18) _____ \$30.00 _____

General Individual Membership _____ \$20.00 _____

Associate Family Membership (Family as above, with no voting privileges) _____ \$25.00 _____

Associate Individual Membership (no voting privileges) _____ \$15.00 _____

Transitional Youth (18-21) _____ \$15.00 _____

Youth Membership (Individual under 18 years old) _____ \$5.00 _____

Please send to: Gail Kelce
959 High Point Dr.
Rockton, IL. 61072

Check# _____

Date: _____

