

Montana Barrel Horse Association

4550 Old Hwy Rd W,

Chinook, MT 59523

**MEMBERSHIP APPLICATION**

 New Membership Renew Membership District\_\_\_\_\_\_

 1 Year 3 Years

$55 $150

***Canadian members, please pay in U.S. Funds***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #: Home\_\_ (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_ (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 (U.S. Citizens Only)

FAMILY MEMBERSHIP (if all purchased at the same time)

A Family Membership applies to two (2) or more family members living in the same house. Family members are considered husband, wife, child, sister, brother, grandchild, grandparent or legal guardian. The first family member, whether adult or child, pays the full membership ($55/1 year or $150 3 years) in order to receive a reduced rate for other family members. All family members must be under the same plan, meaning memberships all on this form and paid at the same time. Any family member added at another time will pay at regular membership rate.

Additional Members:

 Name Sex Birthdate SS# 1 Year 3 Years

2nd Adult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M\_\_\_ F\_\_\_ \_\_\_/\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $50 $140

3rd Adult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M\_\_\_ F\_\_\_ \_\_\_/\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $50 $140

Children (18 & under determined by actual age on January 1st of the year in which this application is being submitted)

 Name Sex Birthdate SS# 1 Year 3 Years

 Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M\_\_\_ F\_\_\_ \_\_\_/\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $35 $90

 Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M\_\_\_ F\_\_\_ \_\_\_/\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $35 $90

 Total Fees Submitted: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 In making application for membership in the Montana Barrel Horse Association (MBHA), I hereby agree to abide by all of its rules and regulations and I understand that before competing in MBHA events I must read and sign the MBHA ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT. Applicant(s) acknowledges that he or she has no absolute property of other right to participate in MBHA events. Submission of this application along with proper payment is evidence of MBHA membership. Membership is good for twelve (12) months.

MEMBER SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_/\_\_\_\_/\_\_\_\_\_

SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_/\_\_\_\_/\_\_\_\_\_

 (If applicant is a minor, parent and/or guardian must sign here)

MAKE PAYABLE TO: MBHA

Memberships can be given to your District Director if present at the event, to the race producer, or be **sent to the address above.**