



**SINGLE MEMBERSHIP**

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

**1 Year**                      **3 Years**  
      \$55                       \$150

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

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

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

PHONE #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (U.S. Citizens Only)

**FAMILY MEMBERSHIP APPLICATION:** (if all purchased at the same time)

**(FAMILY MEMBERSHIP (MUST BE PAID ON THE SAME FORM!!)** To receive the discount rate for additional family members, the first family member (adult or child) **MUST** pay the full membership (\$55/1 year or \$150/3 years). A Family Membership applies to two (2) or more family members living in the same house (i.e. husband, wife, children, sister, brother, grandchild, grandparent, or legal guardian).

**Additional Members:**

	Name	Sex	Birthdate	SS#	<u>1 Year</u>	<u>3 Years</u>
Adult	_____	M____ F____	____/____/____	_____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$140
Adult	_____	M____ F____	____/____/____	_____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$140

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

	Name	Sex	Birthdate	SS#	<u>1 Year</u>	<u>3 Years</u>
Child	_____	M____ F____	____/____/____	_____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$90
Child	_____	M____ F____	____/____/____	_____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$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.