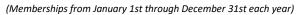


MIDWESTERN HORSEMAN'S SOCIETY MEMBERSHIP APPLICATION





DATE:				TYPE OF MEMBERSHIP		
YYYY/MM/DD				FAMILY	\$60.00	
	NEW RENEW	AL		SINGLE	\$30.00	
				ASSOCIATE	\$15.00	
METHOD OF PA (Please make cheque	AYMENT: EMT CAS es payable to MWHS)	SH CHEQUE CHEQUE NUMBER				
NAME:			_			
MAILING ADDR	RESS:		_			
	City	Po	stal Code			
PHONE:	Ноте		Cell			
EMAIL:						
Please list below ALL of the members included in your family m ALL EXHIBITORS 18 YEARS OF AGE AND UNDER AS OF JAN 1ST NAME OF FAMILY MEMBERS		PER AS OF JAN 1ST MUST GIVE	VE THEIR D	ATE OF BIRTH))	
	(if additional room is required	d, please continue list on the back of the	e sheet)			
initialing below, you a will be keeping your in	Law As per Canada's Anti-Spam Law, exprare giving expressed consent to be contact information confidential by storing it in the ad the above statement, and yes, the MW	ted by MWHS Board of Director memb e organization's Google Drive and will I	pers regarding the NOT be given ou	ne MWHS. Please note the trust to any third parties with the any third parties with the trust to any the trust to any third parties with the trust to any the trust to any third parties with the trust to any third parties with the trust to any third parties with the trust to any the trust to any third parties with the trust to any the trust to any third parties with the trust to any third parties with the trust to any the	nat the MWHS thout your	
mentally able to parti applicable rules for pa understand that cond With my/our membel I/we understand that	th the risk of injury and death that any participate in this activity, ant that my/our equarticipation must be followed and that at a duct of all persons present at MWHS event ership, I/we will receive a rulebook, which it MWHS assumes no responsibility in the cemberships accepted.	uipment is mechanically fit for my/our all times the sole responsibility for pers ts shall be orderly, responsible, sportsn I/we agree to read and ensure I/we ag	use in this activi sonal safety rem manlike, and hur gree to abide by	ity. I/we also understand nains with me/us. Futher mane in the treatment o the rules and regulations	d that all rmore, I/we f all animals.	
SIGNATURE OF	APPLICANT:					
MAIL TO:	Carrie Vanass PO Box 176 Melbourne, ON N0L1T0		SEND E	ADE PAYABLE TO	Y ТО	
F-MAIL TO:	carrutherscarrie@hotma	ail com	mwhstreasi	urersthomson@gi	mail com	