

# MID AMERICA PASO FINO HORSE ASSOCIATION MEMBERSHIP APPLICATION

Membership Type: (Please check one)	\$20 Individual	<input type="radio"/>
	\$30 Family	<input type="radio"/>
	\$20 Trainer - Individual	<input type="radio"/>
	\$30 Trainer - Family	<input type="radio"/>
	\$75 Vendor	<input type="radio"/>

## **Applicant Information**

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

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_, \_\_\_\_\_ \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (C/H/W)

Secondary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (C/H/W)

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

## **Family Information**

Minor Children: \_\_\_\_\_

## **Vendor Information**

Contact: \_\_\_\_\_

Membership year is October 1 - September 30 or any portion thereof. Membership dues are payable in advance and are non-refundable.

Membership includes an email subscription of the Mid America Messenger (newsletter publication) and access to MAPFHA Yahoo Group.

Enclose this completed application with your check made payable to MAPFHA and mail to:

**MAPFHA  
C/O Sandy Brown  
PO Box 202  
Rockford, MN 55373**

Please do not publish my personal information: