

Mid Michigan Open Horse Show Circuit
2010 Membership Form

Individual \$10.00

Family \$20.00

Includes any family member still living at home



Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Thank you for your interest in MMOHSC. As a member you are eligible for
year-end awards, advertising opportunities, and a subscription to the
MMOHSC Newsletter!

Please make check payable to MMOHSC and mail to:

DeAnn Denton
8739 N Meridian Rd
Clare, MI 48617

For Office Use Only

Date Membership Paid _____ Amount Paid _____