



Metropolitan Horsemen's Association

PO Box 2734 • Oakland, CA 94602 • (510) 531-5449 • Fax (510) 530-4584 • www.mhaoakland.org

Membership Form

Yearly membership from January 1 through December 31 includes:

- Subscription to *The Trail Blazer* quarterly newsletter
- Membership card
- Reduced show fees at MHA shows

Name of Individual/Parent: _____

Family Members: _____

Address: _____

City/State/Zip _____

Telephone _____ E-mail _____

Type of Membership:

- Family \$35 Individual \$25 Junior \$15 Sr. Citizen \$15

Would you like to give a donation (amount)?

- Trail Fund \$ _____ Sequoia Arena Fund \$ _____

I plan to attend/support these activities (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Clinics | <input type="checkbox"/> Playdays |
| <input type="checkbox"/> Dressage Shows | <input type="checkbox"/> Schooling Shows |
| <input type="checkbox"/> English Shows | <input type="checkbox"/> Western Shows |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Equestrian Advocacy |
| <input type="checkbox"/> Lectures | <input type="checkbox"/> Other |

What services can you volunteer?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Events | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Work Parties/Arena Help |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other |

Payment Method:

- PayPal Check enclosed

Print out this form and send via USPS or fax to (510) 530-4584

For office use: Ck# _____	Amount \$ _____	Received _____
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