



MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

ASSOCIATED FARM NAME (IF APPLICABLE): _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MEMBERSHIP TYPE:

_____ **COMPETING MEMBERSHIP @ \$50 PER PERSON** \$ _____

_____ **FAMILY MEMBERSHIP @ \$70 PER FAMILY** \$ _____
(FAMILY MEMBERSHIP INCLUDES UP TO **3** COMPETITORS
WITHIN THE SAME HOUSEHOLD, COMES WITH 2 VOTES)

_____ **ADDITIONAL FAMILY MEMBER @ \$10 PER PERSON** \$ _____

_____ **NON-COMPETING MEMBERSHIP @ \$30 PER PERSON** \$ _____

CREDIT CARD (3.5% CONVENIENCE FEE) \$ _____

TOTAL DUE \$ _____

METHOD OF PAYMENT (CIRCLE ONE):

CASH **CHECK #:** _____ **PAYPAL** (SSMHA, INC. / SOONERSTATEMHA@GMAIL.COM)

CREDIT CARD: _____

FAMILY MEMBERSHIP:

SPOUSE NAME: _____ PHONE: _____

EXHIBITOR INFORMATION #1:

EXHIBITOR NAME: _____

CIRCLE ONE:

- AMATEUR
- JR. EXHIBITOR 14-17
- 13 & UNDER
- WALK & TROT

PHONE: _____ AMHA #: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EXHIBITOR INFORMATION #2:

EXHIBITOR NAME: _____

AMHA #: _____ DOB: _____ PHONE: _____

CIRCLE ONE:

- AMATEUR
- JR. EXHIBITOR 14-17
- 13 & UNDER
- WALK & TROT

EXHIBITOR INFORMATION #3:

EXHIBITOR NAME: _____

AMHA #: _____ DOB: _____ PHONE: _____

CIRCLE ONE:

- AMATEUR
- JR. EXHIBITOR 14-17
- 13 & UNDER
- WALK & TROT

I hereby release the Sooner State Morgan Horse Association, its officers, members, employees and agents from any liability and all claims of every kind, including costs, expenses, or attorney fees that might result from damages, injuries, or losses resulting directly or indirectly from the negligent act or omissions of the officers, members, employees or agents of the Sooner State Morgan Horse Association. I agree and sign below:

*PARENT/GUARDIAN **MUST** SIGN FOR JUNIOR RIDER. ONLY **ONE** SIGNATURE IS REQUIRED IF THERE ARE MULTIPLE JUNIOR RIDERS WITHIN THE SAME FAMILY MEMBERSHIP.*

EXHIBITOR #1

SIGNED: _____ **DATE:** _____

EXHIBITOR #2

SIGNED: _____ **DATE:** _____

EXHIBITOR #3

SIGNED: _____ **DATE:** _____

PLEASE RETURN FORM AND PAYMENT (PAYABLE TO SSMHA) TO:

AARON WOODLAND, SSMHA TREASURER
P.O. BOX 550
PIEDMONT, OK 73078

E-MAIL: VENDORS@WOODLANDCPAS.COM **WEBSITE:** WWW.SOONERMORGAN.COM

FOLLOW US ON SOCIAL MEDIA

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