

MORAGA HORSEMEN'S ASSOCIATION
P. O. Box 93, Moraga CA 94556
APPLICATION FOR JUNIOR (For ages 8-18) MEMBERSHIP

EXERPT FROM THE BY-LAWS OF MORAGA HORSEMEN'S ASSOCIATION:
"SECTION 3...A PERSON TO QUALIFY FOR MHA MEMBERSHIP MUST:

- 1.) LIVE IN THE PROXIMITY OF LAFAYETTE, ORINDA, MORAGA AREA OF CONTRA COSTA COUNTY, CALIFORNIA, OR HAVE AN INTEREST IN THE MORAGA HORSEMEN'S ASSOCIATION.
- 2.) THE MEMBER OR IMMEDIATE FAMILY MUST OWN OR HAVE ACCESS TO A SADDLE HORSE, OR BE A PARENT OR GUARDIAN OF A JUNIOR MEMBER.
- 3.) SUBMIT A COMPLETED MEMBERSHIP APPLICATION TO THE MEMBERSHIP CHAIRPERSON ON A FORM TO BE PRESCRIBED BY THE CORPORATION, ACCOMPANIED BY THE INITIATION FEE AND REQUIRED DUES."

INITIATION FEE: \$10.00
DUES: \$25.00 (current annual dues)

NOTE: FOR JUNIORS, YEARLY DUES ARE \$25.00 PER YEAR OR \$20.00 IF A PARENT, GUARDIAN OR OTHER MEMBER OF THEIR FAMILY IS A MEMBER OF MHA/MJHA.

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET CITY ZIP CODE

PHONE # _____ EMAIL _____

AGE _____ DATE OF BIRTH _____

I OWN _____ HAVE ACCESS TO _____ (CHECK ONE) A HORSE DESCRIBED AS FOLLOWS:

COLOR _____ BREED (IF KNOWN) _____

I AGREE TO ABIDE BY THE ARTICLES OF INCORPORATION, THE BY-LAWS, RULES AND REGULATIONS OF THE MORAGA HORSEMEN'S ASSOCIATION NOW AND HEREAFTER ENFORCED, AND BY ANY AND ALL RULES AND REGULATIONS WHICH MAY BE ADOPTED BY THE MEMBERSHIP, EXECUTIVE COMMITTEE OR THE BOARD OF DIRECTORS.

_____ DATE

_____ SIGNATURE

TO BE FILLED OUT BY PARENT OR GUARDIAN

I DO ___ DO NOT ___ RIDE AND HAVE ___ DO NOT HAVE ___ HORSES AVAILABLE FOR MY USE.
I AM THE PARENT ___ LEGAL GUARDIAN ___ OF _____ AND I APPROVE THIS APPLICATION FOR MEMBERSHIP IN THE MORAGA JUNIOR HORSEMEN'S ASSOCIATION AND PARTICIPATION BY THE APPLICANT IN ITS ACTIVITIES.

_____ DATE

_____ SIGNATURE OF PARENT/GUARDIAN