

Please print clearly or type. Fill out form completely. Horse and exhibitors must be registered prior to receiving points toward Year End Awards. **NO EXCEPTIONS!** Horse and exhibitors must show in at least two shows in any classes to be eligible for Year End Awards. SMHA reserves the right to use email addresses provided for internal membership advertising. Email addresses will not be provided to any outside organization for solicitation purposes by SMHA. Professional photographers may be hired by SMHA for the benefit of our membership. Arrangements for purchase of photographs is the responsibility of the individual competitors. It is also the responsibility of the competitor to notify the photographer if the competitor prefers not to be photographed. This is not the responsibility of SMHA.

MEMBERSHIP TYPE: Family \$50      Senior Indiv \$40      Junior Indiv \$40      Hard copies of newsletter requested:  (SMHA defaults to email)

LAST NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Please list names of individuals and/or family members: (Age as of January 1, 2010)

- |                                |                                |
|--------------------------------|--------------------------------|
| 1.) _____ Date of Birth: _____ | 2.) _____ Date of Birth: _____ |
| 3.) _____ Date of Birth: _____ | 4.) _____ Date of Birth: _____ |
| 5.) _____ Date of Birth: _____ | 6.) _____ Date of Birth: _____ |

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ BARN AFFILIATION: \_\_\_\_\_

**HORSE REGISTRATION:** Please list all horses here. All animals must be registered with SMHA prior to accumulating points toward Year End Awards. Animals may only accumulate points if ridden by a registered member of SMHA. **NO EXCEPTIONS!** Name on coggins must match horse's registered name.

HORSE NAME	COLOR	AGE	SEX	HGT	BREED	COGGINS # and EXP DATE

MAKE CHECKS PAYABLE TO SOUTHERN MARYLAND HORSE ASSOCIATION, INC (SMHA) P.O. Box 220 Tracys Landing, Md 20779-0220

Date Received: \_\_\_\_\_ Initial: \_\_\_\_\_ Check No: \_\_\_\_\_ Amount: \_\_\_\_\_