



Kentucky Miniature Horse Breeders Club Membership Application

I/We desire to become a member of the Kentucky Miniature Horse Breeders Club (KMHB) and have enclosed with this application the annual fee in the amount of \$5.00 per individual made payable to Kentucky Miniature Horse Breeders Club. If this application is accepted, I/we agree to comply with all of the terms and regulations as set forth in the rules and bylaws of the KMHB.

Member's Name: _____ *AMHA # _____ Expires _____
(Farm name not accepted)

Spouse _____ *AMHA # _____ Expires _____

Farm Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____ Fax _____

Email: _____ Website: _____

Signature(s) _____ Date _____

1st Associate Member _____ Relationship to Member: _____

B/Date _____ *AMHA # _____

2nd Associate Member _____ Relationship to Member: _____

B/Date _____ *AMHA # _____

3rd Associate Member _____ Relationship to Member: _____

B/Date _____ *AMHA # _____

4th Associate Member _____ Relationship to Member: _____

B/Date _____ *AMHA # _____

Associate members are considered youth 17 and under and can be from any household but must fill out a membership application to be documented as to where they reside and for general information for the KMHB. There is no fee for youth members. All members 18 and older shall furnish the KMHB with a copy of their current AMHA membership card at the same time they join the KMHB and must be a current AMHA member to vote.

*** Copy of current AMHA membership card must be supplied.**

Annual membership shall start January 1st & end December 31st. Renewed membership dues must be current by February 1st of the following year.

**Please mail form and payment to:
Kentucky Miniature Horse Breeders Club
1219 Harry Wise Road
Lawrenceburg, KY 40342**

OFFICE USE ONLY
CHECK NO. _____
AMOUNT _____
DATE PROCESSED _____