



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 signed 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 By-Laws of KMHB.

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

Expires _____

Spouse _____ *AMHA # _____

Expires _____

Farm Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Hm. _____ Cell. _____ Fax. _____

Email: _____

Website: _____

Date ____/____/____

1st Associate Member _____ B/Date _____ Age ____ *AMHA # _____

2nd Associate Member _____ B/Date _____ Age ____ *AMHA # _____

3rd Associate Member _____ B/Date _____ Age ____ *AMHA # _____

4th Associate Member _____ B/Date _____ Age ____ *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. All members 18 and older shall furnish KMHB with a copy of their current AMHA membership card at the same time they join KMHB membership 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 _____
PROCESSED BY _____