



**MINIATURE HORSE ASSOCIATION OF ARIZONA**  
**MEMBERSHIP APPLICATION FORM**

\_\_\_\_\_  
YEAR

**FEES:** January – December

**Single Applicant** \$ 25.00

**Family** \$ 30.00

Youth (use Youth Forms) \$ 5.00

Circle One: \_\_\_\_\_ **New Member** or \_\_\_\_\_ **Renewal**

**Amount** \$ \_\_\_\_\_ **for year 20** \_\_\_\_\_ Paid by: Cash \_\_\_\_\_ Check \_\_\_\_\_ Chk# \_\_\_\_\_

**Primary Applicant:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Secondary Applicant:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Children's Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St.** \_\_\_\_\_ **Zip** \_ \_ \_ \_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Ranch Name:** \_\_\_\_\_ **Web URL:** \_\_\_\_\_

I/We approve any of the above information to be printed in the association public web site.

\*(Please initial) Yes: \_\_\_\_\_ No: \_\_\_\_\_

How many Miniatures do you now own? \_\_\_\_\_

List any other organizations or registries of which you are a member:

Please Indicate Your Interests Below:

<input type="checkbox"/>	Breeding	<input type="checkbox"/>	Promotion of Show and Events
<input type="checkbox"/>	Charity/Therapy Work	<input type="checkbox"/>	Recreational Driving
<input type="checkbox"/>	Parades	<input type="checkbox"/>	Showing
<input type="checkbox"/>	Pets	<input type="checkbox"/>	Volunteer or Officer

\_\_\_\_\_  
**Primary Applicant's Signature**

\_\_\_\_\_  
**Secondary Applicant's Signature**

Mail Application and Dues to:

**MHAA c/o Joan Solheim**

**1140 E. Roberts Road Phoenix, AZ 85022**

**\*Make check payable to MHAA**

**OFFICIAL USE ONLY:** \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Treasurer Received: \_\_\_\_\_