



Membership Application

_____ NEW Membership (PROVISIONAL)

_____ RENEWAL (ACTIVE) (Due by January 1)

	<u>NEW</u>	<u>RENEW</u>
<input type="checkbox"/> Single Membership (must be 18 yrs. as of Jan. 1) (US & Canada)	\$ 50.00	\$ 40.00
<input type="checkbox"/> Single LIFETIME Membership (must be 18 yrs. as of Jan. 1 st)	350.00	N/A
<input type="checkbox"/> Family Membership (US & Canada)	85.00	75.00
<input type="checkbox"/> Family LIFETIME Membership	675.00	N/A
<input type="checkbox"/> Junior Membership (US & Canada)	35.00	25.00
<input type="checkbox"/> International Membership (Single Only) (Add \$25.00 for Shipping & Handling)	50.00	50.00
<input type="checkbox"/> Legal Entity	\$ 50.00	50.00

ALL FUNDS MUST BE IN US DOLLARS

- NOTES:
1. Membership runs from January 01 to December 31. Payment is due by 01 January.
 2. **If membership is not renewed by March 31, active status turns to Provisional.** Submit "NEW" member fees with the application after March 31.
 3. New membership applications are pending until approval by the Board of Directors. If the board denies membership, RMHA/HQ will refund all fees submitted with this application.
 4. Members who **renew** by telephone using a credit card, agree to all assumption of risk, indemnity and hold harmless clauses below, as well as abiding by RMHA bylaws, rules and regulations going forward into the next year. Members also grant photo release authority to RMHA.

_____NEW _____RENEW Exhibitor Card (Required for RMHA Sanctioned/Affiliated Shows) \$ 20.00

_____Professional _____Amateur _____Novice _____Youth

_____NEW _____RENEW Rated Trail Obstacle \$ 20.00

_____NEW _____RENEW Trail Pleasure Program \$ 20.00

NAME: _____ SPOUSE: _____

Mail Address: _____

City: _____ State: _____ Zip+4: _____ Country: _____

Home: _____ Cell: _____ Fax: _____

Web Site: _____ E-Mail: _____

Additional Members:

1	Last Name	First	Middle	Date of Birth	Relationship
2					
3					
4					

I/we, the undersigned, acknowledge the inherent risks involved in riding and working around horses, which risks include serious bodily injury or death from using, riding or being in close proximity to horses, among other risks, and further, that injury may occur to both horse and rider in normal use, in competition and in schooling.

I/we agree, as a condition of acceptance, to abide by the by-laws, rules and regulations of the Rocky Mountain Horse® Association and agree to cooperate with disciplinary processes of the RMHA and will comply with any final applicable decisions determined by that process.

I/we, for ourselves, and on behalf of the minor members of our family, and our administrators and assigns, hereby agree to indemnify and hold harmless the officers, directors, employees or agents of the RMHA from and against all claims, including any injury or loss suffered during or in connection with any activities relating to the RMHA as a result of their carrying out their duties, whether or not such claim, injury, or loss resulted directly or indirectly from the negligent acts or omissions of the afore mentioned individuals, companies, or their employees or agents, except for criminal acts, willful or intentional misconduct or wanton or reckless disregard for human rights or safety.

Photo Release: I grant RMHA permission to use photos of myself and family members taken at RMHA activities (shows, trail rides, obstacle competitions, etc.) and photos that I submit to the RMHA Headquarters for posting on the Website, for RMHA promotional purposes in print and on the Internet (newsletters, website, magazine, booth display and brochures, etc.).

APPLICANT SIGNATURE: _____ **DATE:** _____

Junior Members only

Parent/Guardian Signature: _____ **DATE:** _____

_____ **I DO NOT want my name on the member list that RMHA may sell to various vendors & groups.**

NOTE: By NOT marking this box, you DO agree to your name on the "RMHA Mailing List" and the "RMHA Member Directory."

Make check payable to "RMHA" & mailto: RMHA Headquarters	Office: 859-243-0260
Payable in U.S. Dollars only	4037 Iron Works Parkway, Ste 160 Lexington KY 40511-8508
	Fax: 859-243-0266

Check Amount Enclosed: _____

Web Site: www.rmhorse.com
E-Mail: information@rmhorse.com

___ VISA ___ MASTERCARD _____ 3 Digit Security Code

Card #: _____ Expires: _____ Signature: _____

REFER to WEB SITE for MEMBERSHIP RULES & REGULATIONS or REQUEST COPY

For Headquarters Use Only:

- | | |
|----------------------------|-----------------------------------|
| • Date Received: _____ | _____ Credit Card/Check Processed |
| • Membership Number: _____ | _____ Membership Card(s) |
| • Date BOD approval: _____ | _____ File Folder |