RMHA MEMBERSHIP APPLICATION

FAMILYMEMBERSHIPAPPLICATION

YES, WOULD LIKE TO APPLY FOR MEMBERSHIP TO THE ROCKY MOUNTAIN HORSE ASSOCIATION

_____FAMILY MEMBERSHIP* (PROVISIONAL) _____RENEWAL(ACTIVE)*

$75.00 PER YEAR*

(US & CANADA) (ALL FUNDS MUST BE BANK WIRED. CALL FOR DETAIL)

** IF FAMILY MEMBERSHIP, PLEASE LIST ALL MEMBERS OF YOUR FAMILY. UNLISTED MEMBERS WILL BE INELIGIBLE FOR PRIVILEGES.

_____FAMILY LIFETIME MEMBERSHIP $675.00*

MEMBERSHIP NOT RENEWED BY MARCH 31 OF ANY YEAR SHALL REVERT TO PROVISION MEMBER STATUS UPON SUBSEQUENT RENEWAL

NAME:_____

LAST FIRST MIDDLE

NAME:_____SPOUSE____OTHER_____

LAST FIRST MIDDLE

-1_____

LAST FIRST MIDDLE AGE RELATIONSHIP TO ADULT

- 2_____

LAST FIRST MIDDLE AGE RELATIONSHIP TO ADULT

-3_____

LAST FIRST MIDDLE AGE RELATIONSHIP TO ADULT

-4_____

LAST FIRST MIDDLE AGE RELATIONSHIP TO ADULT

MAILING ADDRESS:_____

CITY: _____STATE:_____ZIP:_____COUNTRY:_____

PHONE:_____FAX:_____E-MAIL:_____

I THE UNDERSIGNED ACKNOWLEDGES THE INHERENET 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 BOTH HORSE AND RIDER CAN BE INJURED IN NORMAL USE OR IN COMPETITION AND SCHOOLING.

I/WE AGREE, AS A CONDITION OF ACCEPTANCE, TO ABIDE BY THE BYLAWS, RULES AND REGULATIONS OF THE ROCKY MOUNTAIN HORSE ASSOCIATION. I/WE AGREE TO COOPERATE WITH DISCIPLINARY PROCESSES OF THE ROCKY MOUNTAIN HORSE ASSOCIATION AND COMPLY WITH ANY FINAL APPLICABLE DECISIONS DETERMINED BY THAT PROCESS. I/WE WILL ASSUME FULL RESPONSIBILITY FOR ALL ACTS COMMITTED BY THE MINOR MEMBERS OF OUR FAMILY AND FURTHER AGREE THAT MINOR MEMBERS OF OUR FAMILY WILL ALSO COOPERATE WITH THE DISCIPLINARY PROCESSES OF THE ROCKY MOUNTIAN HORSE ASSOCIATION AND COMPLY WITH ANY FINAL APPLICABLE DECISIONS DETERMINED BY THAT PROCESS WITHOUT CONSIDERATION OF THEIR MINOR STATUS. I/WE FOR OURSELVES AND ON BEHALF OF THE MINOR MEMBERS OF OUR FAMILY 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 ROCKY MOUNTAIN HORSE ASSOCIATION OR 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 AFOREMENTIONED 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.

APPLICANT SIGNATURE:_____

_____IF YOU **DO NOT** WANT YOUR NAME LISTED ON THE MEMBERSHIP LIST THAT THE RMHA MAY SELL TO VARIOUS

VENDORS AND GROUPS. BY NOT MARKING THIS BOX, YOU AGREED TO ALLOW YOUR NAME TO BE ON THE "MAILING LIST" OR THE "RMHA MEMBERSHIP DIRECTORY LISTING".

MAIL COMPLETED APPICATION WITH PAYMENT (US FUNDS ONLY) TO:

RMHA HEADQUARTERS, 4037 Iron Works Parkway, Suite 160, Lexington, KY 40511

MAKE CHECK PAYABLE TO RMHA

QUESTIONS:CALL 859.243.0260 RMHA HEADQUARTERS

MEMBERSHIP IS FROM JANUARY 1 THROUGH DECEMBER 31

PLEASE REFER TO www.rmhorse.com FOR MEMBERSHIP RULES AND REGULATIONS