



Maryland Horse Shows Association, Inc.

P.O. Box 345 - Sykesville, MD 21784

Phone: 410.552.1701

Fax: 410.552.1702

E-mail: secretary@mdhsa.org

Licensed Official Application for Membership

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

_____Renewing Member _____ Member # _____New Member **USEF#**_____

Fees

Please check all that apply.

Licensed Judges

_____ Annual Renewal.....\$25.00
_____ Initial Application or Re-enrollment.....\$25.00
_____ Application of Promotion.....\$25.00
_____ Learner Judge.....\$25.00

Licensed Stewards

_____ Application.....\$25.00
_____ Renewal, in addition to yearly Senior Dues\$25.00

_____ Senior Dues.....\$40.00

TOTAL _____

I hereby apply for Membership for the year 20___ and enclose payment of \$_____ (Membership expires 11/30). To be eligible to vote at the Annual Meeting, dues must be paid in accordance with Rule II, Part I, Sec. 5.

Signature

Date