

Montana Barrel Horse Association
5045 US Highway 2 West
Columbia Falls, Montana 59912



MEMBERSHIP APPLICATION

New Membership Renew Membership District _____
 \$55 \$150

NAME: _____ Male ___ Female ___

ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP: _____

PHONE #: Home ___(____)_____ Cell ___(____)_____

SOCIAL SECURITY #: _____ BIRTHDATE ___/___/___
(U.S. Citizens Only)

FAMILY MEMBERSHIP (if all purchased at the same time)

A Family Membership applies to two (2) or more family members living in the same house. Family members are considered husband, wife, child, sister, brother, grandchild, grandparent or legal guardian. The first family member, whether adult or child, pays the full membership (\$55/1 year or \$150 3 years) in order to receive a reduced rate for other family members. All family members must be under the same plan, meaning memberships all on this form and paid at the same time. Any family member added at another time will pay at regular membership rate.

Additional Members:

	<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>SS#</u>	<u>1 Year</u>	<u>3 Years</u>
2 nd Adult	_____	M ___ F ___	___/___/___	_____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$140
3 rd Adult	_____	M ___ F ___	___/___/___	_____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$140

Children (18 & under determined by actual age on January 1st of the year in which this application is being submitted)

	<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>SS#</u>	<u>1 Year</u>	<u>3 Years</u>
Child	_____	M ___ F ___	___/___/___	_____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$90
Child	_____	M ___ F ___	___/___/___	_____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$90

Total Fees Submitted: \$ _____

In making application for membership in the Montana Barrel Horse Association (MBHA), I hereby agree to abide by all of its rules and regulations and I understand that before competing in MBHA events I must read and sign the MBHA ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT. Applicant(s) acknowledges that he or she has no absolute property of other right to participate in MBHA events. Submission of this application along with proper payment is evidence of MBHA membership. Membership is good for twelve (12) months.

MEMBER SIGNATURE _____ DATE ___/___/___

SIGNED _____ DATE ___/___/___

(If applicant is a minor, parent and/or guardian must sign here)

MAKE CHECKS PAYABLE TO NBHA MT until Feb 1, 2020 due to reorganization process with State of Montana/IRS which affects use of name on checking account.

After Feb 1, 2020 MAKE PAYABLE TO MBHA

Memberships can be given to your District Director if present at the event, to the race producer, or be sent to the address above.