

2024 ASMHDC Membership Application

Please complete the application below and mail it with your check (**made payable to ASMHDC**)
to:

Lisa Berrier
859 Alexander Spring Rd
Carlise, PA 17013

_____ Initial Single Membership (\$15) or _____ Renewal (\$10)

_____ Initial Family Membership (\$25) or _____ Renewal (\$15)

_____ Initial Youth Membership (\$15) or _____ Renewal (\$10) *requires a parent's signature*

A family membership includes everyone that resides at the address listed on this form.

A single membership will be one person- the name that appears on the application.

(Single membership of a minor must be accompanied by a parent or guardian's signature.)

Please write legibly.

Date: _____.

Name of All Applicants and their ages (if under 18)

_____.

_____.

_____.

Phone Number: _____.

Mailing Address:

_____.

_____.

_____.

Email Address: _____.

Signature: _____.

Parent Signature (for minors) : _____.

_____ I Decline or

_____ I allow ASMHDC to photograph anyone listed on the application membership form and their horses to be used on the official website or any ASMHDC event.