



## Tri State Miniature Horse Club Membership Application

Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Children included in Family Membership (must be child/grandchild only)

Name	Age as of 1/1 (current year)
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_____	_____
_____	_____

Membership Year is January 1<sup>st</sup> thru December 31<sup>st</sup>

*Check the box below to indicate which membership you would like.*

Individual Membership \$10 (one vote):

Family Membership \$25 (two votes):

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Make checks payable to:

**Tri State Miniature Horse Club (TSMHC)**

Send Application & Check to:

Linda Wise, Membership Chairman  
1118 Industry Rd.  
Atwater, OH 44201  
330-947-4201  
wisedaniel@att.net