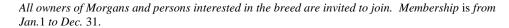
MEMBERSHIP APPLICATION

Morgan Horse Breeders & Exhibitors Association





Last Name:	First:	
Spouse:		
Farm or Prefix:		
Address:		
City:	State:	Zip:
Telephone:	e-mail:	
Children: First Name:		Age:
First Name:		Age:
First Name:		Age:
Family Membership (Two Votes) - \$3 Single Membership (One Vote) - \$25.		
Associate Membership _ \$10.00 Lifetime Membership (Individual) - \$2	250.00	
Junior Blackhawk Membership - \$5.0	00	
Make check Payable to M.H.B.E.A.		
Amount Paid:		
Date:		
Signature:		

To participate as a Club Member,	, please circle the c	ommittees or area	s you would b	e willing to
serve during this calendar year:				

Membership	Newsletter	Publicity	Promotion	Juniors	Other
Morgan Medalli	on Show Committee	Club Even	ts Other		
Make check pay	able to MHBEA and	mail to: .			
Pe	nny Lakatos ~_ 801 A	Adelaine Avenue ~	_ South Pasadena	ı, CA 91030 .	

LISTING OF HORSES

Date:						
Name of Farm:						
HORSES NAME	REG#	COLOR S	SEX	YE FOALED	AR SIRE	DAM