



# Michigan Horse Council Organization Membership Application

Calendar Year Membership: January 1 – December 31

\_\_\_\_ New Member  
\_\_\_\_ Renewal Member

**Organization Member Fee: Under 400 members \$35; 401-1,000 members \$60; over 1,000 members \$120**

Name of Organization: \_\_\_\_\_

Please fill out ALL information so we can better serve your organization. PLEASE PRINT CLEARLY!

**President:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City & State: \_\_\_\_\_ Twp: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**Treasurer:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City & State: \_\_\_\_\_ Twp: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**MHC Delegate:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City & State: \_\_\_\_\_ Twp: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**MHC 1st Alternate Delegate:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City & State: \_\_\_\_\_ Twp: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**MHC 2nd Alternate Delegate:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City & State: \_\_\_\_\_ Twp: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**Newsletter Editor:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City & State: \_\_\_\_\_ Twp: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Would you like your club or organization considered for membership on the MHC Board (voting membership) Yes \_\_\_ No \_\_\_  
New Members MUST send a copy of your By-Laws with application and dues.

Organization Web Site Address (for link from MHC site): \_\_\_\_\_

President or Secretary's Signature \_\_\_\_\_ Date: \_\_\_\_\_

We ask that you submit your membership electronically for the very limited purpose of localized grass roots efforts on behalf of horses and the horse community/industry when an important issue arises.

Please send this to [Sherry.White@michiganhorsecouncil.com](mailto:Sherry.White@michiganhorsecouncil.com)

Return with check payable to **Michigan Horse Council**

**Number of Horse owned  
by Members.**  
\_\_\_\_\_

MHC Membership  
P.O. Box 22008  
Lansing, Michigan 48909-2008  
Web Site: [www.michiganhorsecouncil.com](http://www.michiganhorsecouncil.com)

**Michigan Non-profit  
Organization ID number.**  
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