



Annual Member Application
(Effective January 1-December 31st)

DATE: _____

NAME/S: _____

ADDRESS: _____

CITY, STATE ZIP _____

PHONE: _____ EMAIL ADDRESS: _____

(If you'd like to receive minutes – meeting notices – agenda's etc.)

Type of horses you own: _____

Type of activities you like to do w/your horses: _____

Type of activities you'd like our group to do: _____

Membership Fees

___ ADULTS (18 & OVER) \$20 ___ JUNIOR MEMBERS (17 & UNDER) \$5 ___ FAMILIES \$50

Total Enclosed (Please makes checks payable to MCHC): _____

Bring completed form to a MCHC meeting or mail to:

Lisa Pellegrini
P.O. Box 104
Gwinn, MI 49841

OFFICE USE:

AMOUNT RECEIVED: _____ DATE: _____ CASH _____ CHECK NO. _____

“The purpose of the Marquette County Horse Club is to provide horse people with horse related activities and to support the Marquette County Fair.”