



# Membership Form

**PLEASE PRINT**

(For Year End Awards, please include sizes for member rider and horse.)

Name: \_\_\_\_\_  
T-Shirt/Jacket size: S M L XL XXL      Horse Blanket Size: \_\_\_\_\_ inches

Spouse's Name: \_\_\_\_\_  
T-Shirt/Jacket size: S M L XL XXL      Horse Blanket Size: \_\_\_\_\_ inches

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

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

E-mail address: \_\_\_\_\_

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

Youth's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
T-Shirt/Jacket size: S M L XL XXL      Horse Blanket Size: \_\_\_\_\_ inches

Youth's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
T-Shirt/Jacket size: S M L XL XXL      Horse Blanket Size: \_\_\_\_\_ inches

Youth's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
T-Shirt/Jacket size: S M L XL XXL      Horse Blanket Size: \_\_\_\_\_ inches

**Please circle appropriate choice(s):**

- |  |  |
|--|--|
| <input type="checkbox"/> \$20.00 individual <i>before April 15th</i> | <input type="checkbox"/> \$35.00 family <i>before April 15th</i> |
| <input type="checkbox"/> \$25.00 individual                          | <input type="checkbox"/> \$40.00 family                          |

**Permanent Back Number**

- |  |   |
|--|---|
| <input type="checkbox"/> \$20 <i>before April 15th</i> | <input type="checkbox"/> \$30 <i>after April 15th</i> |
|--|---|

Number Requested: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

**I have read and agree to the rules and regulations of the Spur of the Moment Horse Club**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail check to:  
Stella Clarke, Recording Secretary  
Spur of the Moment Horse Club  
3285 West Delhi Rd  
Ann Arbor, MI 48103