



MINIATURE HORSE ASSOCIATION OF ARIZONA

MEMBERSHIP APPLICATION

Annual Fee: Check Type: ___ Single \$25.00 ___ Family \$35.00 ___ Youth \$ 5.00

Amount Paid \$ _____ Paid by: ___ Cash ___ Check ___ PayPal
payable to MHAA PayPal Account: MHAAMail20@gmail.com
NOTE: Must use friends/family payment

Please Check :

- New Member
- Renewal

Primary Applicant: (Please Print)

Name: First: _____ Last: _____

Secondary Applicant:

Name: First: _____ Last: _____

Children's Name(s): _____

---NEW MEMBERS PLEASE COMPLETE THE FOLLOWING---

NOTE: If you are renewing your membership....please make any changes that occurred since last year.

Address: Please Print

Street _____ City: _____ State _____ Zip _____

Phone: _____ Email: _____

Ranch Name: _____ Web URL: _____

How many Miniature Horses do you own: _____

Please indicate your interests:

____ Breeding ___ Showing ___ Charity/Therapy Work
____ Events / Seminars ___ Parades ___ Recreational Driving
____ Pets ___ Volunteering ___ Other? _____

List any other organizations or registries of which you are a member:

*Please be advised that MHAA or marketing team may be capturing photographs or videos at our events. By entering the area or engaging with our staff, you consent to photography and/or video recording and the publication to be used on digital mediums to promote MHAA. **If you do not consent, please notify MHAA, or a staff member.***

***Make check payable to MHAA**

Mail Application and Dues to:
MHAA c/o Mary Ronek
47210 N 10th Ave
New River, AZ 85087
563-357-6146
Email: MHAAMail20@gmail.com

I / We approve any of the above information to be printed in the association public web site and member list.
(Please initial) Yes: _____ No: _____

Primary Applicant Signature: _____

OFFICIAL USE ONLY:

Date Received: _____ Received by _____ Treasurer Received: _____ Approved _____ Date Deposited _____