



MOJAVE RIVER VALLEY HORSEMEN'S ASSOCIATION

P.O. Box 171 Apple Valley, CA 92307 Website: mrvha.com

Serving The High Desert Community Since 1977

2024 MEMBERSHIP APPLICATION

Current Date

Last Name

First Name

Birth Date

Last Name (Spouse/Significant Other)

First Name (Spouse/Significant Other)

Birth Date

Address

Phone

City

Zip Code

Email (For notifications of meetings and show dates)

Children:

Last Name

First Name

Birth Date

Last Name

First Name

Birth Date

Last Name

First Name

Birth Date

Type of Membership:

Individual o **Adult** \$30 o **Junior** \$20 (17 & Under-no voting privileges) **Lifetime** (single membership only) \$200

Family \$45 Includes parents/legal guardians/significant others and children under the age of 18. It does not include extended family: grandparents, cousins, nieces, nephews, aunts and uncles, etc.

By signing this Membership Application, Member agrees to abide by Mojave River Valley Horsemen's Association (MRVHA) Rules and Regulations. Further, Member acknowledges that every entry at a MRVHA Show shall constitute an agreement and affirmation that the person making it, along with the owner, lessee, trainer, agent, coach, driver, rider, and the horse, or any of their agents or representatives acknowledge that they participate voluntarily in the competition fully aware that horse sports and related competitions involve inherent dangerous risks and by participating, they expressly assume any and all risks of injuries and/or losses, and they agree to hold MRVHA, their officers, board of directors, officials, employees, volunteers, members, other exhibitors and spectators harmless for any injury or loss resulted directly from the negligent acts or omissions of said officers, board of directors, officials, employees, volunteers, members, other exhibitors and spectators. All exhibitors 17 and under are always required to wear a helmet, if you choose not to wear a helmet a release waiver form must be signed by the parent/guardian of the exhibitor at the time you register for your classes.

Signature

Parent's Signature for Junior (no voting privileges)

For Club Use Only

Date Paid: _____ Paid on Show Bill Amount: _____ Cash Check Check# _____ Rcvd by (Initial) _____

Rev:11/28/23