MOJAVE RIVER VALLEY HORSEMEN'S ASSOCIATION

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

Guardian's Signature (If Membership for Junior)



2025 MEMBERSHIP APPLICATION

Current Date

Check #____ Check Amt ____ Int_

Select Membership Type		\$30 Adult (single membership 18 an older)	
\$200 Lifetime (Single Membership only) \$20 Junior (Single Membership 17 & under no voting privileges)		\$45 Family (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, unless guardians.)	
	MEMBER INFO	RMATION	
Last Name (Primary Member)	First Name (Prin	nary Member)	Date of Birth (Primary Member)
Last Name (Spouse/Significant Other)	First Name (Spouse	/Significant Other)	Date of Birth (Spouse/Significant Other)
Street Address/Mailing Address		City	Zip
Email (For notification of meetings and show dates)			Phone
(If paying for a Family Membership list childr		DREN UNIOR Membership, I	ist Child's name under 'Primary Name' above.)
Last Name	First Name		Date of Birth
Last Name	First Name		Date of Birth
Last Name	First Name		Date of Birth
edges that every entry at a MRVHA Show shall of agent, coach, driver, rider, and the horse, or any aware that horse sports and related competitions injuries and/or losses, and they agree to hold MR spectators harmless for any injury or loss resulted volunteers, members, other exhibitors and spect child wear a helmet, a release waiver form must Primary Members Signature (If Membersh	constitute an agreement and of their agents or represents involve inherent dangerous RVHA, their officers, board of directly from the negliger stators. All exhibitors 17 and be signed by the parent/guipp for Adult or Family)	d affirmation that the pe tatives acknowledge that is risks and by participat of directors, officials, em at acts or omissions of s under are required to wardian of the exhibitor a	nployees, volunteers, members, other exhibitors and aid officers, board of directors, officials, employees, ear a helmet. If you choose not to to have your at the time you register for your classes. FOR OFFICE USE ONLY
Print Guardian's Name (If Membership for	Junior)		2001171111