



FOR OFFICE USE ONLY
PAYMENT RECEIVED ON DATE: _____
AMOUNT \$ _____
CASH OR CHECK: _____

**MEMBERSHIP REGISTRATION FORM**

Date: \_\_\_\_\_  \$25 Individual  \$35 Couple  \$45 Family\* (Please check one)

Name: \_\_\_\_\_ Parent(s) or Guardian (if a minor)

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Cell: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

- Age is as of season opener
- Club will communicate with members via Facebook and the web site, please check these sources for information.

Family Participants (First and Last Name):	Birth Dates:

Please add any additional members on back of this form.

Indemnity Agreement: For and in consideration of my/our membership and participation in all events sponsored by the White Mountain Horsemen’s Association (WMHA), the undersigned hereby releases and forever discharges WMHA of any claim or demand for personal injuries or property damage occurring while participating in any event sponsored by WMHA and the undersigned hereby further agrees to Indemnify WMHA (including all officers and members, and all property owners upon whose property the various events take place) and save them harmless from any claims, demands or judgments, which may be asserted or rendered against them by any person whatsoever for death, personal injury or property damage occurring during any event sponsored by WMHA, including the responsible value of the services of attorneys retained by WMHA in defense of any claim or causes of action arising therefrom.

- If checked, WMHA may use photographs of above members in all publications.
- I acknowledge that I can obtain a copy of the rules and by-laws for participation in White Mountain Horsemen’s Association events on the Association web site at [www.whitemountainhorsemenassoc.org](http://www.whitemountainhorsemenassoc.org).

\_\_\_\_\_  
Signature of Individual, Parent or Guardian if Minor(s) \_\_\_\_\_ Date

\*For Family Membership, children must be under 18 and they must live in the same household.

WHITE MOUNTAIN HORSEMEN’S ASSOCIATION  
PO Box 3374, Show Low, AZ 85902