



MARYLAND HORSE COUNCIL

MEMBERSHIP FORM

MEMBER INFORMATION: (please fill in all applicable information & return via mail or email)

Business or Association Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Email(s): _____

Website: _____

Yes No Include in Online Member Directory

ANNUAL MEMBERSHIP TYPE: (check your membership type/amount)

_____ Individual _____ Youth _____ Industry Professional _____ Association
\$50 \$5 \$125 \$125

PAYMENT: (Can be paid via website, mail or phone)

Credit Card Mail Phone Total: _____

Credit Card #: _____

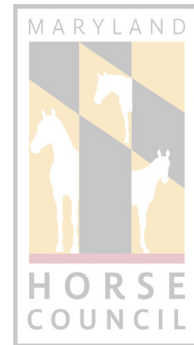
Expiration Date: _____ Security Code: _____

Name on Card (print): _____

Signature: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____



Join Online

join.mdhorsecouncil.org

Mail Payments

Maryland Horse Council
P.O. Box 606 • Lisbon, MD 21765

Pay by Phone

(800) 244-9580

Maryland Horse Council

(844) MDHORSE • membership@mdhorsecouncil.org • www.mdhorsecouncil.org