

Office Use Only	
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Verified on	by

MICMO, Deb Schrock 3127 22<sup>nd</sup> St Hopkins MI 49328

## MEMBERSHIPS ARE VALID FROM THE DATE OF REGISTRATION THROUGH DECEMBER 31 OF THE SAME CALENDAR YEAR.

DECEMBER 31 OF THE SAME CALENDAR YEAR.		
	NEWAL	
<ul><li>☐ INDIVIDUAL - \$25</li><li>☐ LIFETIME - N/C membership + \$5 insurance (\$5 total)</li></ul>		
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State dues: ☐ MI State Dues - \$10	Total Enclosed \$	
Please Print Clearly	1: ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
List all family members:	List all horse(s) that may be ridden for CMO's.  If a new horse was previously owned by a NACMO member, it keeps its NACMO number.  If you don't know that number, write the owner's name in the # space.  If the horse has never been issued a NACMO number, write "new" in the # space.	
Name CMO #	Horse (*Reg.)Name	
Adult Junior (birthdate required)	Horse Stable (nickname)	
	CMO# Breed Sex Age Reg. Y N	
Name CMO #	Horse (*Reg.)Name	
Adult Junior (birthdate required)	Horse Stable (nickname)	
	CMO# Breed Sex Age_ Reg. Y N	
Name CMO #	Horse (*Reg.)Name	
Adult Junior (birthdate required)	Horse Stable (nickname)	
	CMO# Breed Sex Age Reg. Y N	
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Adult Junior (birthdate required)	Horse Stable (nickname)	
	CMO# Breed Sex Age Reg. Y N	
Name CMO #	Horse (*Reg.)Name	
Adult Junior (birthdate required)	Horse Stable (nickname)	
	CMO#BreedSexAgeReg. Y N	
ADDRESS:	PHONE:	
CITY:	FAX:	
STATE:ZIP:	EMAIL:	
A SEPARATE SIGNED LIABILITY WAIVER FOR EACH MEMBER MUST BE ENCLOSED	WITH THIS FORM. LIABILITY WAIVERS FOR DEPENDENTS LINDER	
AGE 18 MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.		
BY SIGNING BELOW, I AFFIRM THAT ALL MEMBERS OF THE FAMILY (AND PARENTS OR GUARDIANS FOR THOSE UNDER 18 YEARS OF AGE) HAVE READ, AGREE TO AND SIGNED THE RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION IN THE DOCUMENTS		
ACCOMPANYING THIS FORM.		
CIONED.	DATE	
SIGNED:	DATE:	