



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
\$40 \$5 \$100 \$100

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

(844) MDHORSE

Maryland Horse Council

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