



*Mississippi*  
Charity Horse Show

## Membership Application

For Year \_\_\_\_\_

Membership:  \$20.00 Single Membership  
 \$35.00 Couple Membership

Paid by:  Check  
 Cash

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Spouse's Work Phone: \_\_\_\_\_

Spouse's Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you willing to help work in this association?  
If yes, in what area(s) would you like to help? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Memberships mailed to: Mississippi Charity Horse Show  
Tara McWhirter  
P.O. Box 22707  
Jackson, MS 39225