## Show Me Little Equine Club Member Application

Recognized by ASPC/AMHR/ASPR

(Journal Farm Ad/Membership due by November 16th of current year)

FAMILY MEMBERSHIP: \$25.00 (2 Ac	dult Votes & Newsle	tter)
-		e 17 & under residing in household.
*Please list any youth(s) include	•	•
Total Number of Youth(s):		
Name:	Age:	Birthdate//
Name:	Age:	Birthdate//
Name:	Age:	Birthdate//
Checkmark and	list additional youth	n on back
VOLITIL MEMBERSHIP, SE OO (No vo	to a may relation up a	an Dogwooth
<b>YOUTH MEMBERSHIP: \$5.00</b> (No vo	•	• •
Total Number of Youth(s):	•	nip.
Name:	- Aae:	Birthdate//
		Birthdate//
Name:	Ade.	Birthdate//
	list additional youth	
INDIVIDUAL MEMBERSHIP: \$15.00 (		
		-
Please use separate form for		-
Please use separate form for	EACH individual men	-
	EACH individual men	-
Please use separate form for  Total Amount Enclosed: \$	EACH individual mem	nbership.
Please use separate form for  Total Amount Enclosed: \$  Your Name(s):	EACH individual mem	nbership.
Please use separate form for  Total Amount Enclosed: \$  Your Name(s):  Farm Name (optional):	EACH individual mem	nbership.
Please use separate form for  Total Amount Enclosed: \$  Your Name(s): Farm Name (optional): Address: City,State,Zip:	EACH individual mem	nbership.
Please use separate form for  Total Amount Enclosed: \$  Your Name(s): Farm Name (optional): Address: City,State,Zip:	EACH individual mem	nbership.
Please use separate form for  Total Amount Enclosed: \$  Your Name(s): Farm Name (optional): Address:	EACH individual mem	nbership.
Please use separate form for  Total Amount Enclosed: \$  Your Name(s): Farm Name (optional): Address: City,State,Zip: Phone Number: Website:	EACH individual mem	nbership.
Please use separate form for  Total Amount Enclosed: \$  Your Name(s): Farm Name (optional): Address: City,State,Zip: Phone Number: Website:  Signature: The above information will be posted on	EACH individual mem  Email  the SMLEC Website on	Date:  Date:    Date   Document   Document
Please use separate form for  Total Amount Enclosed: \$  Your Name(s): Farm Name (optional): Address: City,State,Zip: Phone Number: Website:  Signature: The above information will be posted on	EACH individual mem  Email  the SMLEC Website on	nbership. :
Please use separate form for  Total Amount Enclosed: \$  Your Name(s): Farm Name (optional): Address: City,State,Zip: Phone Number: ( ) Website:  Signature: The above information will be posted on have your information process.	EACH individual mem  Email  the SMLEC Website on posted, please indicate	Date:  the Members Page. If you DO NOT who marking this checkbox.
Please use separate form for  Total Amount Enclosed: \$	EACH individual mem  Email  the SMLEC Website on posted, please indicate	Date:  Date:  the Members Page. If you <u>DO NOT</u> which by marking this checkbox.