



Eastern Michigan Arabian Association

Membership Form

☐ **Adult 1 YR:** *One person 18 years and over*\$20.00

○ Name: _____ DOB (MM/DD/YY): _____

☐ **Youth 1 YR:** *One person 17 years and under as of Jan. 1 of the competition year*\$10.00

○ Name: _____ DOB (MM/DD/YY): _____

Address: _____

City/State: _____ **Zip:** _____

Phone #: _____

eMail: _____

**** To receive our Newsletters via email, you must subscribe to the Newsflash on the homepage at www.emaa.org ****

As a member of the EMAA, I pledge:

To always act for the good of the organization and represent the interests of all people served by this nonprofit;

To represent this organization in a positive and supportive manner at all times; and,

To promote the EMAA's mission and purpose.

All Adults' and Youths' (8 – 17 yrs) applying for membership must sign below.

In addition, Youth memberships must also have an adult (parent or guardian) sign on their behalf.

Adult Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

Please make checks payable to EMAA.

Mail completed form with payment to:

Sharon Murch

2640 Curdy Rd.

Howell, MI 48855

Email: EMAATreasurer@gmail.com

Misc. for Awards

Size of horse blanket: _____

Size of horse head:

☐ Full ☐ Cobb ☐ Pony

Size of human jacket:

☐ Adult ____ ☐ Child ____