



Membership Form 2025

All Members must provide a valid Horse Council Membership

Member Name(s): _____	
Address: _____ City _____ Postal Code _____	
Phone Number: _____	Email: _____

Rider Name	Age as of 1/1/2025	HCBC#	Rider Name	Age as of 1/1/2025	HCBC#
1) _____			3) _____		
2) _____			4) _____		

Membership Fees:

Family \$60.00- Family Membership includes immediate family members only, under the age of 25, residing at the same address and financially supported by the primary holder of the Family Membership

Individual \$40.00

Associate \$10.00 - Non Riding Member

*May we contact you regarding MHC Events/Activities? Yes/No

I hereby agree that my participation, and the participation of my child or children in all activities including, but not limited to competing in horse shows, use of the Mission Horse Club (MHC) facilities, I hereby agree to release and hold harmless The District of Mission, MHC and its executive and/or directors, and/or volunteers, from and against any and all claims, demands, and actions arising out of our participation in any and all activities associated with MHC both on and off the physical property at 9457 Stave Lake Street, Mission, BC V2V 6B2. I have read, accepted and agree to abide by the MHC Rule Book at all MHC functions. I agree that riding and the handling of horses carried out at MHC are entered into at my own risk. I have read and understand this waiver.

*Signature (parent or acting Guardian must sign if participant(s) are under 19 years of age).

*A signature is required by all participants (19 and over) before riders are allowed to compete or participate in any MHC show or function.

Name of Participant _____ Signature of Participant _____

Name of Participant _____ Signature of Participant _____

Name of Participant _____ Signature of Participant _____

Name of Participant _____ Signature of Participant _____

Office Use

Total Membership Paid \$10 \$40 \$60 Cash Cheque # _____ Etransfer _____

