

2020 MPBA Membership



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SSN: _____

TELEPHONE: HOME: _____ CELL: _____

EMAIL: _____

JACKET SIZE: _____

HORSE BLANKET SIZE: _____

My signature below is evidence of my agreement to abide by and be bound by the rules and of the MPBA.

SIGNATURE: _____ DATE: _____

MEMBERSHIP FEES (Circle one):

Adult membership: \$30 Youth membership (18 & under as of Jan 1): \$30

Membership is effective November 1 – October 31.

Competition Year January 1 – October 31. For events held in or bordering MN, WI, ND, SD, IA.

Please return form and check for membership fee to: MPBA, 16031 Lake Blvd, Center City, MN 55012.

Payment can be made via paypal (friends and family) to vhultman@frontiernet.net

OFFICE USE ONLY

Received by: _____ Date: _____