

MINNESOTA ARABIAN HORSE BREEDERS, INC

2015 Membership & Stallion Nomination Form

Membership year: April 2015 - April 2016 2015 Auction - 2016 Breeding year

MEMBERSHIP INFORMATION

Please fill out exactly as you want the information to appear in publications.

Member name(s): _____
Farm name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email address: _____
Website: _____

Type Of Membership: Associate ___ Active ___ Active Committee _____

(Active Member must designate Committee(s) they are willing to serve on in 2015)

ANNUAL DUES: \$1000.00 Associate/\$500.00 Active – Covers annual membership and ONE Medallion or Sponsored Stallion Nomination. Each additional Medallion Stallion nomination is \$500.00 each.

SPONSORED STALLION(s) (Not owned by a MAHB member)

Fill out for your sponsored stallion(s) only. Each member is allowed THREE sponsored stallions.

Horse Name: _____ REG # _____

Sire: _____ Dam: _____

**** Circle One if Tested: SCID test: Clear or Carrier - CA test: Clear or Carrier**

Stallion Owner Name(s): _____

Address: _____

Stallion is standing at: _____

Contact Person: _____ Phone: _____

Email address: _____

Horse Name: _____ REG # _____

Sire: _____ Dam: _____

**** Circle One if Tested: SCID test: Clear or Carrier - CA test: Clear or Carrier**

Stallion Owner Name(s): _____

Address: _____

Stallion is standing at: _____

Contact Person: _____ Phone: _____

Email address: _____

Horse Name: _____ REG # _____

Sire: _____ Dam: _____

**** Circle One if Tested: SCID test: Clear or Carrier - CA test: Clear or Carrier**

Stallion Owner Name(s): _____

Address: _____

Stallion is standing at: _____

Contact Person: _____ Phone: _____

Email address: _____

Each horse must be in the 2015 MAHB Stallion Auction.

Medallion Stallion #1 Fill out for a Member owned stallion only.

Horse Name: _____ REG# _____

Sire: _____ Dam: _____

**** Circle One if Tested: SCID test: Clear or Carrier - CA test: Clear or Carrier**

Stallion is: Solely owned _____ Owned in Partnership _____ Purchased on contract _____

Stallion is standing at: _____

Contact Person: _____ Phone: _____

Email address: _____

Do you want this horse in the 2015 MAHB Stallion Auction? _____

Medallion Stallion #2 Fill out for Member owned stallion only.

Horse Name: _____ REG# _____

Sire: _____ Dam: _____

**** Circle One if Tested: SCID test: Clear or Carrier - CA test: Clear or Carrier**

Stallion is: Solely owned _____ Owned in Partnership _____ Purchased on contract _____

Stallion is standing at: _____

Contact Person: _____ Phone: _____

Email address: _____

Do you want this horse in the 2015 MAHB Stallion Auction? _____

Medallion Stallion #3 Fill out for Member owned stallion only.

Horse Name: _____ REG# _____

Sire: _____ Dam: _____

**** Circle One if Tested: SCID test: Clear or Carrier - CA test: Clear or Carrier**

Stallion is: Solely owned _____ Owned in Partnership _____ Purchased on contract _____

Stallion is standing at: _____

Contact Person: _____ Phone: _____

Email address: _____

Do you want this horse in the 2015 MAHB Stallion Auction? _____

Please include the \$500.00 nomination fee for each stallion with this original form.

In the event the Breeding does not sell at the Auction all applicable Stallion Owners will be notified that their donated breeding was a “no sale” in the auction that they have three options: 1) They may purchase the breeding themselves for \$1000.00 with a 50% deposit due by November 30th. (They may re-sell the breeding to one of their clients) 2) They may maintain the status of “Medallion Stallion” by paying the \$500.00 nomination fee by Nov. 30th. The horse remains a Medallion Stallion for the upcoming breeding season but there is no auction breeding. 3) They may withdraw the stallion from the program. No expense to them but he is removed from the Medallion Stallion list for the upcoming year, dropped from our website and removed from future Ads.

I hereby attest that all the information listed within is, to the best of my knowledge, true and accurate. I understand that failure to give truthful information on this form can lead to review by the Medallion Stallion Committee, the Board of Directors of MAHB, Inc. and the general membership of MAHB, Inc. Possible disciplinary action can be taken according to the bylaws of MAHB, Inc.

Members signature: _____ Date: _____

Annual Dues: \$ _____ Medallion Stallions: \$ _____ = Total Due: \$ _____

Method of Payment: _____

Check: Payable to MAHB, Inc. Please note name of stallion/member on the check.

Credit Card: _____

MasterCard _____ Visa _____ American Express _____ Exp. Date: _____ Security Code: _____

Card number: _____

Name on card: _____

Billing address of cardholder: _____

Send completed form and payment to:

MAHB, Inc.

PO Box 244

Medford, MN 55049

Inquiries to James Gute, Treasurer 507-456-8391

MEMBERSHIP FORM & DUES

MUST BE RECEIVED BY APRIL 1, 2015