

MINNESOTA ARABIAN HORSE BREEDERS, INC

2019 Membership & Stallion Nomination Form

Membership year: April 2019 - April 2020 2019 Auction - 2020 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 2019)

ANNUAL DUES: \$1000.00 Associate/\$500.00Active – Covers annual membership and ONE Medallion or Sponsored Stallion Nomination. Additional Medallion Stallion nominations are \$500.00 per stallion.

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 sponsored Stallion must be in the 2019 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 2019 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 2019 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 2019 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 \$1100.00 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.

If using credit card please note that MAHB is adding a 3% convenience fee to all credit card charges.

Credit Card: _____

Master Card _____ Visa _____ American Express _____ Exp.Date: _____ SecurityCode: _____

Card number: _____

Name on card: _____

Billing address of card holder: _____

Send completed form and payment to:

MAHB, Inc.
c/o Geniene Scherer
MAHB Treasurer
617 Turnberry Court
Northfield, MN 55057
507-649-1885

MEMBERSHIP FORM & DUES
MUST BE RECEIVED BY MAY 15, 2019