



Orange Blossom Miniature Horse Club **2024 Membership Form**

Please make checks payable to OBMHC and mail to:
OBMHC, 8241 SE 135th St, Summerfield Florida 34491
or PayPal and email application to OBMHC2019@gmail.com

Individual Membership Check \$30.00 _____ PayPal \$35.00 _____
Family Membership Check \$45.00 _____ PayPal \$50.00 _____

Today's Date: _____

Member Name: _____ DOB: _____

Spouse: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Farm/Ranch Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Web Page: _____

Phone: _____ Fax: _____

By Signing this form, you agree to follow the rules and regulations of this club.

Signature

Date

_____ Check # _____

_____ PayPal (\$5.00 convenience fee)