



BUCKSKIN HORSE ASSOCIATION OF MICHIGAN 2025 MEMBERSHIP FORM

Check Membership Type: _____ New _____ Renewal

_____ Youth (18 and under as of January 1 st)	\$25
_____ Individual (19 and over as of January 1 st)	\$35
_____ Joint (two names of married spouses or parent & youth)	\$50
_____ Family with Youth (Individuals with dependent youth)	\$60
_____ Individual Life	\$250
_____ I'd like to become a sponsor	\$ _____

Please print clearly

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone # (____) _____.

Email will be used as primary mode of contact.

Names and birthdates of youth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I hereby authorize the Buckskin Horse Association of Michigan (BHAM) to use pictures of me (or my child/ward) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). The undersigned hereby releases BHAM, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings, and causes for which the aforesaid videotape, testimonial, motion pictures or photograph likeness may be used pursuant to this consent and general release. It is also my understanding that I will receive no compensation for my likeness or testimonial and that BHAM will only use these photos, etc for publicity.

Please return form & payment to:

Checks payable to: BHAM
Melissa LaForest, Treasurer
23215 Sherwood Road,
Belleville, MI 48111