

**Mississippi State Equine Association**  
**MEMBERSHIP APPLICATION**

Please join the MSEA and our effort to protect and promote Mississippi's horse industry.  
**PRINT, COMPLETE and MAIL this form with PAYMENT to:**

**Mississippi State Equine Association**  
**P.O. Box 5888**  
**Brandon, MS 39047-5888**

- INDIVIDUAL MEMBER .....\$30.00  
Membership card; equine-related legislative updates; trails, land-use reports; access to WWW.MSSADDLEUP.ORG and free (one month) classified ad to sell horse(s) or horse property (limited to 20 members per month); eligible for MSEA Board after one year; other benefits as may be designated by the Board from time to time.
- FAMILY MEMBERSHIP .....\$50.00  
Same as above with up to five (5) membership cards
- EQUINE BUSINESS MEMBERSHIP .....\$75.00  
Same as above, plus free business listing on the website; advertising opportunities. (Memberships for breeders, trainers, farriers, veterinarians, feed and supply stores, etc).
- ASSOCIATION MEMBERSHIP ..... \$75.00  
Same as above, plus MSEA will help promote your events and shows. (Memberships for breed, sport and riding club organizations).
- MISSISSIPPI "BILLBOARD" BUSINESS MEMBERSHIP .....\$300.00  
Same as above, plus your billboard advertisement on the home page of our website for one year (visit the [texashorsecouncil.com](http://texashorsecouncil.com) for appearance); plus opportunities to co-sponsor selective MSEA events and services. For an additional \$100.00, MSEA will direct-link your website to [WWW.MSSADDLEUP.ORG](http://WWW.MSSADDLEUP.ORG). (Memberships for business or organization entities with 20 or more employees).
- BENEFACTOR MEMBERSHIP .....\$100.00  
(Memberships for persons who recognize the need for a viable organization such as the MSEA, and they simply want to help.

**PLEASE PRINT AND FILL OUT ALL BLANKS, IF POSSIBLE, AND THANK YOU!**

Name (Contact Person) \_\_\_\_\_

ASSOCIATION OR BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK OR CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**PLEASE CIRCLE YOUR PRIMARY INTERESTS:**

- |                                    |                                    |
|------------------------------------|------------------------------------|
| TRAIL RIDING                       | GOVERNMENT AFFAIRS                 |
| YOUTH / MS HIGH SCHOOL RODEO ASSN. | EQUINE KNOWLEDGE / TRAINING        |
| MSEA VOLUNTEERING / PUBLICITY      | THERAPEUTIC RIDING / CERTIFICATION |
| HORSE SHOWS (EVENTS ?) _____       |                                    |
| OTHER _____                        |                                    |