



Name _____
 E-mail _____
 Farm _____ Phone _____
 Address _____
 City _____ State _____ Zip _____

Mail form and check
 by June 1 to:

Marcy Eickholt
 15460 Pioneer Trail
 Eden Prairie, MN 55347
 Phone: (952) 937-1937
 E-mail: eickholtmarcy@gmail.com

New Member AMHA # _____ Date: _____

Weanling Name	Sex	Sire	Dam	Weanling Fee \$25
Total Weanling Fees:				

Sire Nomination	Sire	Dam	Sire Fee \$50
Total Sire Fees:			

Dam Nomination	Sire	Dam	Dam Fee \$25
Total Dam Fees:			

Checks payable to:

NCMA Futurity

**THERE WILL BE A
 \$50 CHARGE FOR
 RETURNED CHECKS**

Total Weanling Fees	Total Sire Fees	Total Dam Fees	Office Fee	Donations	Late Fee	TOTAL DUE
<input style="width: 80px; height: 30px; border: 1px solid black;" type="text"/>	<input style="width: 80px; height: 30px; border: 1px solid black;" type="text"/>	<input style="width: 80px; height: 30px; border: 1px solid black;" type="text"/>	<input style="width: 80px; height: 30px; border: 1px solid black; text-align: center; font-weight: bold;" type="text" value="\$25"/>	<input style="width: 80px; height: 30px; border: 1px solid black;" type="text"/>	<input style="width: 80px; height: 30px; border: 1px solid black;" type="text"/>	<input style="width: 80px; height: 30px; border: 1px solid black;" type="text"/>