



Michigan Horseshoers Association

Membership Application Form

Membership Fee is Fifty-five dollars (\$55.00).

Make checks payable to **Michigan Horseshoers Association** and mail to:

Michigan Horseshoers Association
c/o Jennifer Horn, Membership Coordinator

11563 S. Riverside Dr.
Sault Ste. Marie, MI, 49783

(906) 632-3041

JHorn@lighthouse.net or Vice-President@MichiganHorseshoers.com



Michigan Horseshoers Association Membership Form

Contact Information

Date: _____

____ Check here if address or phone number is new

New____Renewal____Member # _____

Name: _____

Address: _____

City, State, ZIP: _____

County: _____ Country (USA – CANADA - ?) _____

Phone: _____ Email: _____

Personal Website: _____

Privacy: ____ Prefer information not be posted on website ____ Allow information posting

(Note: only the member name, residence city & state, phone number, email and website are posted with approval of the member. Failure to check an option is assumed to be a grant of approval)

Background & Qualifications

Horseshoers: Full time _____ Part Time _____ Year started shoeing: _____

Type of Training

School: _____
(Name and Location)



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Apprenticeship: _____
(Under Who and Where)

Certifications:

Association Name: _____ Level _____

Association Name: _____ Level _____

Association Name: _____ Level _____

Association Name: _____ Level _____

Professional Information

Horseshoers Student _____ Blacksmith _____ Veterinarian _____ Other _____

Additional Notes: