

MEMBERSHIP APPLICATION



Name: _____

Address: _____

Phone #: _____

Type of Membership Desired (please check one):

Founding Charter _____ \$300.00

Life _____ \$300.00

Regular _____ Single \$20.00

_____ Family \$25.00

Please make checks payable to **American Gaited Mule Association**.
P.O. Box 764 • Shelbyville, TN • 37162

Memberships are entitled to one free foal registration per calendar year. Dues must be paid for calendar year in which mule is registered. Free foal registration with membership must be written in upper right hand corner of application at time of submission. Free registration must be requested. It will not be automatically granted.