



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: _____

Phone: _____ Email: _____

Background & Qualifications

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

Type of Training

School: _____
(Name and Location)

Apprenticeship: _____
(Under Whom and Where)

Certifications:

Association Name: _____ Level _____

Association Name: _____ Level _____

Association Name: _____ Level _____

Association Name: _____ Level _____

Professional Information

Horseshoers Student _____ Blacksmith _____ Veterinarian _____ Other _____

Membership Fee: \$50.00 Make checks payable to **Michigan Horseshoers Association** and send to

Michigan Horseshoers Association
c/o Dale Hieber, Membership Coordinator & Treasurer
P.O. Box 66
Brighton, MI 48116-0066
(517) 980-0248