



THE AMERICAN MORGAN HORSE ASSOCIATION, INC.
 4037 Iron Works Parkway, Suite 130, Lexington, KY 40511-8508
 (802) 985-4944 • Fax: (859) 287-3555
 Registry@morganhorse.com • www.morganhorse.com

RESERVED PREFIX TRANSFER

NOTICE

The American Morgan Horse Association, Inc. expressly reserves the right to alter or cancel a Registration certificate at any time, in the event that any information upon which the Registration is based should be found inaccurate. In such case, the corporation shall not be responsible for any loss or damage that may result to any holder of this certificate.

1. TRANSFER PREFIX TO:

Print Name — use first names

Street

City

State

Zip + Four

Check here if this is a new address

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Telephone

2. RESERVED PREFIX NAME:

3. TRANSFER DATE:

The American Morgan Horse Association (AMHA) exists to preserve, promote, and perpetuate the Morgan horse. "The American Morgan Horse Association recommends and expects that all persons will conduct themselves in an honest, forthright, ethical, and sportsmanlike manner in their relationships with each other at any time they are involved in Morgan horse-related matters." In making this application, I hereby subject myself to all the provisions of the Constitution, Bylaws, Rules and Regulations of the American Morgan Horse Association, Inc., as they now exist or may, from time to time, be amended, knowledge of which I now have or will immediately acquire. Specifically, I agree to be bound by the Rules and Regulations of the Registry and AMHA's Rules for Hearings and Appeals which are available from the Registry or at www.morganhorse.com

4. SIGNATURE(S) OF NEW PREFIX OWNER(S)

I hereby certify that the above information is correct and agree to be bound by terms stated above.

Signature _____

(print name)

Signature _____

(print name)

Address _____

City _____

Telephone _____

AMHA Number _____

E-mail Address _____

5. SIGNATURE(S) OF CURRENT PREFIX OWNER(S)

I hereby certify that the above information is correct and agree to be bound by terms stated above.

Signature _____

(print name)

Signature _____

(print name)

Address _____

City _____

Telephone _____

AMHA Number _____

E-mail Address _____

If this transaction is not completed within 120 days, the work will be returned and a cancellation fee will be assessed. Current eligibility and Registry fees will apply upon resubmission.

FEES

This form is to be used to remove, add, or transfer a prefix to a family member.

The signature(s) of the prefix owner **MUST** be supplied.

PREFIX TRANSFER FEES

SERVICE	AMHA MEMBERS*	NON-MEMBERS
Fee	<input type="checkbox"/> \$30	<input type="checkbox"/> \$125
Rush Fee (Priority Service)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

*AMHA membership applications can be found at www.morganhorse.com or by contacting AMHA.

~ Fees Must Accompany All Applications ~

Make all checks payable to: The American Morgan Horse Association®

We accept VISA, MasterCard, Discover and American Express*

Please bill my: VISA Mastercard Discover American Express Check/Money Order Enclosed

Card Number: _____

Expiration Date: _____ CVV: _____ Amount: \$ _____

Authorized Signature: _____

*Effective Jan 1, 2025, a 3% processing fee will be added to all AMHA credit/debit card transactions.

No processing fee is required for payments made by cash, check, or ACH.

If this transaction is not completed within 120 days, the work will be returned and a cancellation fee will be assessed. Current eligibility and Registry fees will apply upon resubmission.