

Wisconsin Walking Horse Association (WWHA)

Membership Form 2012

Please complete this form and submit it with a check payable to WWHA to Mary Jo Leveque, N6501 County Road H, Elkhorn, WI 53121.

Type of Membership: _____ New Membership _____ Renewal of 2011 Membership

_____ Individual/Family (\$25) (Indicate total number of people on membership: _____)

_____ Youth Only (\$10) (age 17 or under on January 1st, 2011) (Date of Birth: _____)

Newsletter: _____ Email (preferred) _____ Hardcopy

All Membership Applications subject to approval of WWHA Board of Directors.

Applicant Information:

Name: _____ Spouse: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Children: & Youth Members are required to indicate date of birth to qualify for show points/awards.)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Equine Ownership: I/We own _____ Tennessee Walking Horse(s) and _____ other horses.

Areas of Interest: _____ Showing _____ Pleasure _____ Clinics/Seminars _____ Trail Riding
_____ Breeding _____ Other (please describe) _____

How did you learn about us? _____ Friend/Member _____ Midwest Horse Fair _____ Website

Other: _____

Signature: _____ Date: _____

Questions / Ideas / Suggestions / Comments:

FREE MEMBERSHIP REQUEST

Completed application form to be submitted to WWHA Membership Chairperson by Seller.

NAME OF SELLER (CURRENT WWHA MEMBER) _____ Date of Sale _____

SIGNATURE OF SELLER (CURRENT WWHA MEMBER) _____