

National Walking Horse Association Membership Application

Yes, I want to be a part of the National Walking Horse Association in its work on the front lines of the sound horse movement. Please accept my application for membership in the NWAHA.

Date: _____

Name (First, MI, Last): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____ Email: _____

Membership Type:

___ Individual(\$50) ___ Family(\$100) ___ Lifetime(\$500) ___ Youth(\$10) ___ Pledge(\$____)

Please check one line, as appropriate, for each person for whom a membership and/or amateur or youth card is to be issued, print name and have that person sign the application in the space provided.

___ Amateur: Name: _____

Signature _____
(By signing this agreement, I certify that I qualify for amateur status under NWAHA rules.)

___ Amateur: Name: _____

Signature _____
(By signing this agreement, I certify that I qualify for amateur status under NWAHA rules.)

___ Supporting: Name: _____

Signature _____

___ Supporting: Name: _____

Signature _____

Total number of Amateur Cards requested: _____

Total number of Youth Cards requested: _____

The fields below are for office use only

Member # _____ Member # _____ Member # _____

Make check or Money Order payable to the NWAHA. Mail this completed form to:

National Walking Horse Association
At The Kentucky Horse Park
4059 Iron Works Parkway, Suite 4
Lexington, KY 40511
Phone: 859-252-NWAHA (6942)
FAX: 859-252-0640