

## CHIP Enrollment

NWHA Member Number \_\_\_\_\_

Name (last) \_\_\_\_\_

Name (first) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State and Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Horse's Name \_\_\_\_\_

NWHA Registration # \_\_\_\_\_

Breed \_\_\_\_\_

Comments \_\_\_\_\_

Send \$25 check to NWHA office:

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