



**Wisconsin Walking Horse Association 2018 Membership
Application/Renewal Form**
(TWH ownership not required)

Please complete this form and submit it with a check payable to WWHA:
WWHA MEMBERSHIP
c/o Nicole Posselt
3925 W. Larsen Road
Larsen, WI 54947
920-284-9714
nmsalm@hotmail.com

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

e-mail is required: _____
(WWHA's newsletter is electronic via the website - <http://wisconsinwalkinghorse.org/>)

Spouse Name: _____

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

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Equine Ownership:

I/We own # _____ Tennessee Walking Horse (s) and # _____ other horses.

The horse(s) are mainly used for: _____

WWHA Areas of Interest: _____

Type of Membership: _____ New Membership _____ Renewal of 2015 Membership

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

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

Free membership is offered to 1st time TWH owners if the horse is bought from a current WWHA member.

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

Other: _____

Signature: _____ Date: _____