

NORTHERN CALIFORNIA WALKING HORSE ASSOCIATION

MEMBERSHIP APPLICATION

Member Info: (Please print legibly)

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

DAY PHONE _____

OTHER PHONE _____

E-MAIL _____

OTHER E-MAIL _____

About NCWHA: This club was organized for all individuals who support the sound, natural going Tennessee Walking Horse and who are willing to work together and have fun.

Our current plans for future club activities and events include those listed below. Helping does not always require a huge time commitment, but will help assure our club's success.

Please note the areas you are interested in below and prioritize them, with the most important being a "1". We will assume that you are able to help with these events and activities unless you convince us otherwise.

- | | |
|-------------------|-----------------------|
| Trail rides _____ | Clinics _____ |
| Newsletter _____ | Governance _____ |
| Membership _____ | Youth _____ |
| HPA _____ | Horse Shows _____ |
| Fundraising _____ | Breed Promotion _____ |
| Education _____ | |

Please also list your short and long-term ideas and suggestions for the Club:

How to Join: Please complete this form and mail it with your check (payable to "NCWHA") to:

NCWHA
P.O. Box 750908
Petaluma, CA 94975

NCWHA club website: www.norcalwalkers.com

Types of Annual Membership:

(Circle 1)

Yr. Individual Membership (18 and older) \$ 30

Lifetime Ind. Membership (18 and older) \$100

or

GCGHC Joint Membership \$ 40

Family Yr. Membership \$ 40

Family Lifetime Membership \$150

(Adult Partners & dependent children under 18)

Family Membership Info:

Spouse or Significant Other's name:

Children's names and DOBs:

DOB _____

DOB _____

or

Youth Membership (17 & under) \$20

Club Directory Listing: To help promote our great breed and our club member's the NCWHA will list our member's equine related businesses and/or link to them on the club's website at no additional charge. If you would like to take advantage of this, please fill out the information below.

Business name _____

Location of Business (address)

City _____

State _____ Zip Code _____

Phone _____

E-mail address _____

Website _____

Please give a brief description of the services your business offers:

By signing below I hereby agree to abide by and support the by-laws, rules and regulations of NCWHA.

Signature of Applicant

Date: _____