



2019 MEMBERSHIP APPLICATION

____NEW ____RENEWAL

PLEASE PRINT

NAME _____ SPOUSE _____

COMPLETE ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

IF YOUR HORSE IS SHOWN UNDER THE NAME OF A BUSINESS, PLEASE ENTER THE NAME OF THE BUSINESS: _____

Membership includes one amateur card, if applicable. All amateurs must have an amateur card to show. Any person who, is a professional and shall knowingly and falsely represent himself/herself to be an amateur in order to ride in an amateur class, and any person who violates any of the provisions of this rule shall be subject to disciplinary action.

****Membership Fee: \$25.00 (Includes voting privileges and amateur card for primary family member)**

****Additional member with voting privileges and amateur card \$25.00**

****Non-Primary Amateur Members \$10.00 each (Includes amateur card, NO voting privileges)**

MEMBER NAME	AMATEUR CARD (Y/N)	VOTING PRIVILEGE (Y/N)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list names of any children 17 and under in immediate family that will be exhibitors. There is no charge for children's amateur cards. _____

I hereby apply for membership in the Heart of America Walking Horse Association. I understand I am eligible to vote (one vote per primary member) at all general membership meetings. I understand and agree to follow the rules of the HAWHA and am eligible for points to accumulate on my registered Tennessee Walking Horse for awards under the rules of the HAWHA. HAWHA is not responsible for loss or accident.

I certify that I am an Amateur _____

I certify that I am a Trainer _____

(HAWHA honors the MWHTA membership. If you are a member of MWHTA please list your license number)

Signature of Member

MAIL TO: Kim Nichols Po Box 57 Ozark Mo 65721

For Office Use Only
Membership No. _____
Amateur No. _____
Amateur No. _____
Amateur No. _____