



## Midwest Walking Horse Trainers Association

### Membership Application 2019 SHOW SEASON

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

#### Membership Fees (please check one)

Trainer: \$45.00 \_\_\_\_\_ Single: \$25.00 \_\_\_\_\_ Family: \$40.00 \_\_\_\_\_

18 and over members will have voting privileges

Make Checks payable to: **MWHTA**

Jeannie James, Secretary

23945 Raleigh Road

Waynesville, Mo. 65583

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

#### WE WELCOME YOUR INPUT

On the back of this form we invite you to tell us what classes you would like for us to add at our shows, and/or any suggestions you feel would help make our association better/grow. THANKS