

2024 MEMBERSHIP FORM



(Please print.)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

National PtHA Membership # _____

Type of Membership: Family _____ Individual _____ Youth _____

Rates:	Family (includes spouse & all children 18 & under)	\$25.00
	Individuals (19 & older)	\$20.00
	Youth (18 & under)	\$20.00

Please list name(s) & age(s) of all Youth members including those in a Family Membership:

_____	_____
_____	_____
_____	_____

It will be your responsibility to secure membership prior to your first WPtHA horse show/first class in order to be eligible for WPtHA Show High Point Awards and WPtHA Year-End Awards.

I/We hereby agree to abide by the rules and regulations of the Wisconsin PtHA as outlined in the Constitution.

Signed _____

Payment can be made via Cash, Check, PayPal (wpthaisspoton@gmail.com), Square or by credit card.

Billing Zip Code (for Square payment): _____

Make checks payable to Wisconsin Pinto Horse Association.

Payment by credit card: (3% will be added for processing):

Credit Card: _____ Visa _____ MasterCard _____ Discover _____ American Express

Card No. _____ Exp. Date _____ CVV# _____

Name on Card _____

Signature of Card Holder _____

Please send this form with payment information to: Kathy Kaprelian, WPtHA Membership Coordinator, 3558 108th Street, Franksville, WI 53126. Email: kapkat1213@gmail.com

Date/Time received: _____