



SHOW: \_\_\_\_\_  
Temporary Show Card \$20.00

**YOUR MEMBERSHIP IS MAKING A DIFFERENCE**

The National Walking Horse Association is a non-profit charitable 501(c)(3) organization formed to increase public awareness of and promote the true and inherent abilities of the Walking Horse. NWAHA offers members a variety of programs and benefits; shows, clinics, educational events, trails and more! Join today and start enjoying the perks of NWAHA membership.

**Membership is per calendar year beginning Jan 1 and expiring Dec 31.**

**NEW MEMBER(S)**

**RENEWING MEMBER(S)**

**Type of Membership, please select one**

**Provide Renewing Membership Number(s) below:**

Membership Type:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Youth (under 18yr old as of Jan 1) \$25.00
- Individual \$75.00
- Family (2 adults and all youth under 18 yrs old) \$125.00
- Lifetime (per person) \$500.00

**New Member 2 Year Discount Membership Special:**

Individuals or Families who have **NEVER** held NWAHA membership previously are eligible for a special "2-Year" Membership discount.

- Individual (per person) 2 Year Membership \$125.00
- Family (2 adult and all youth under 18 yrs old) \$210.00

Name(s): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_

**IMPORTANT: Please complete appropriate membership designation below:**

Amateur Name(s) \_\_\_\_\_  
 Professional Name(s) \_\_\_\_\_  
 Youth Names(s) and birthdate(s) \_\_\_\_\_

**By signing this application I verify that (I)(we) qualify, as noted above, for Amateur Status or Professional Status; or my child qualifies for Youth Status under the current NWAHA guidelines. (I)(We) also hereby agree to abide by the Rules and Regulations of the National Walking Horse Association. Application is not valid without signature.**

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

**Payment Method:**

Please Make Check Payable to NWAHA. Check enclosed # \_\_\_\_\_  
 Credit Card: MC \_\_\_ or Visa \_\_\_  
 Card Number \_\_\_\_\_ Exp date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail application and payment to: NWAHA, PO Box 12430, Reading, PA 19612**