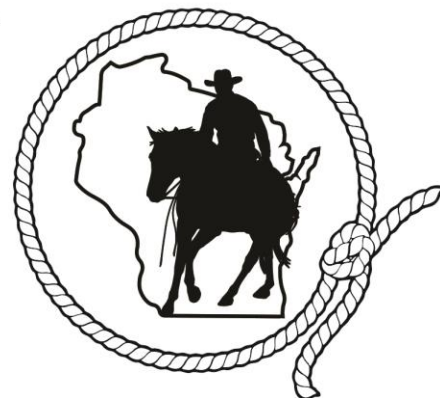


WISCONSIN FQHR



2025 Membership Application

**** *Membership is DUE before showing at your first WIFQHR show of the year* ****

Last Name _____ First Name _____ (date of birth if youth) _____

Please list each member's name (family memberships include family members living at home, under age 19. Also list the date of birth of children) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

**PLEASE NOTE: IN ORDER TO BE ELIGIBLE FOR WIFQHR YEAR END AWARDS,
BOTH THE EXHIBITOR & HORSE OWNER NEED TO BE WIFQHR MEMBERS**

Yearly Membership

Make Checks Payable to: WIFQHR - Membership Expires at first 2026 show

_____ Individual \$20
_____ Family \$50
_____ Owner \$20
_____ Lifetime individual \$120
_____ Family Lifetime \$250

Mail Memberships and Payments to:
Cindy Mense
147 Mill St.
Hixton, WI 54635
715-963-5582

Lifetime Family defined as member, spouse or significant other and children under 18 or 23 if still in college.

Member's Signature _____ **Date** _____

_____ Please X if you WANT to be snail mailed WIFQHR information. (Otherwise, Facebook, our website and email will be utilized to communicate with you)

_____ Please X if you do NOT want any photos of yourself/family to be used in any WIFQHR publications or advertising displays.

Please fill out form entirely as this is how we will contact you for different things throughout the year.