



**National
Walking Horse
Association**

SHOW: _____

Temporary Show Card \$25.00

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. NWHA offers members a variety of programs and benefits; shows, clinics, educational events, trails and more! Join today and start enjoying the perks of NWHA membership.

Membership is per calendar year beginning Jan 1 and expiring Dec 31. Membership prices increase after March 31st.

NEW MEMBER(S)

RENEWING MEMBER(S)

Type of Membership, please select one

1/1-3/31 After 3/31 Provide Renewing Membership Number(s) below:

Membership Type:

<input type="checkbox"/> Youth (under 18yr old as of Jan 1)	\$25.00	\$30.00	_____
<input type="checkbox"/> Individual	\$75.00	\$100.00	_____
<input type="checkbox"/> Family (2 adults and all youth under 18 yrs old)	\$125.00	\$150.00	_____
<input type="checkbox"/> Lifetime (per person)	\$500.00	\$500.00	_____

New Member 2 Year Discount Membership Special:

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

<input type="checkbox"/> Individual (per person) 2 Year Membership	\$125.00
<input type="checkbox"/> 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 NWHA 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 NWHA. Check enclosed #_____

Credit Card: MC____ or Visa____

Card Number_____ Exp date:_____/_____

Mail application and payment to address listed at www.nwha.com - Contact Us