SHOW: _____

☐ Temporary Show Card $20.00

National Walking Horse Association

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:			
☐ Youth (under 18yr old as of Jan 1)	$25.00	$30.00	_____
☐ Individual	$75.00	$100.00	_____
☐ Family (2 adults and all youth under 18 yrs old)	$125.00	$150.00	_____
☐ 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.

☐ 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 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: NWHA, PO Box 3121 Wilmington, NC 28406