



**MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Family Members: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Barn Phone: \_\_\_\_\_ Business Phone/fax: \_\_\_\_\_

	Number	Price Each	Total		Number	Price Each	Total
Membership: <b>Individual</b>	_____	X \$20.00	= _____	<b>Youth:</b>	_____	X \$10.00	_____
<b>Family</b>	_____	X \$30.00	= _____	<b>Business:</b>	_____	X \$50.00	_____

**MAKE CHECK PAYABLE TO VIRGINIA WALKING HORSE ASSOCIATION**  
**P.O. Box 342**  
**Dayton, Va. 22821**