



# National Plantation Walking Horse Association

## Membership Application for 2015

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Yes, email communication is OK.  No, do not send email, I prefer all communication by postal mail.

We share the NPWHA membership list with our members upon request; and with similar horse show organizations so you will receive notice of events you may be interested in. To opt out of sharing, please check here

MEMBERSHIP TYPE  New  Renewal

\$15 JUNIOR – 17 years old and younger, receive mailings and emails, no voting privilege

\$15 ASSOCIATE – adult, receive mailings and emails, no voting privilege

\$20 SINGLE – adult, All NPWHA privileges, one (1) vote

\$30 FAMILY - spouses + children under 18, All NPWHA privileges, two (2) votes, children not eligible to vote

### RENEWAL AND NEW MEMBERSHIP QUESTIONNAIRE

Yes No

Do you own a Plantation Walking Horse?

Do you train horses for anyone other than yourself? If yes, please explain on the back.

Do you plan on entering NPWHA horse shows?

Would you be interested in helping with NPWHA horse shows and/or events?

Would you be interested in serving on a NPWHA committee?

Have you been cited for a violation of the Horse Protection Act or TWH rules by a USDA official or a DQP (Designated Qualified Person)? If yes, when? \_\_\_\_\_

Is your horse boarded? If yes, where and with whom? \_\_\_\_\_

Is your horse in training? If yes, where and with whom? \_\_\_\_\_

*I agree to abide by the by-laws, rules, and regulations of the National Plantation Walking Horse Association, and to support its objectives and comply with its Standards of Conduct.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Membership 2nd Signature

\_\_\_\_\_  
Date

Make checks payable to NPWHA, mail to: NPWHA c/o Donna Loper, 2056 Applegate Circle, Corona CA 92882

### OFFICE USE

Amount Received: \_\_\_\_\_ Paid by  Cash  Check # \_\_\_\_\_

Date: \_\_\_\_\_ Received by: \_\_\_\_\_