

Wisconsin Walking Horse Association 2025 Membership Application/Renewal Form

(TWH ownership not required)
Please complete this form and submit it with a check payable to WWHA:

Name:	
	Phone:
Address:	
City: State: Zip:	
Email required:(WWHA's newsletter is sent	t through email periodically throughout the year)
Spouse Name:	
Children: (Youth Members	are required to indicate date of birth to qualify for show points/awards
Name: Date of Birth:	Name:_Date of Birth:
Equine Ownership: I/We o	own #_Tennessee Walking Horse (s) and #_other horses
The horse(s) are mainly used	for:
WWHA Areas of Interest: _	
Type of Membership:	New MembershipRenewal Membership
Individual/Famil Youth Only (\$10	y (\$25) (Indicate total number of people for membership:) (age 17 or under on January 1 st) (Date of Birth)
	ogram (\$10)HorseRiderBTE
How did you learn about us	s?Friend/MemberMidwest Horse FairWebsiteSocial Media
Signature:	Date: