Wisconsin Walking Horse Association 2026 Membership Application/Renewal Form

(TWH ownership not required)

Please complete this form and submit it with a check payable to WWHA:

Mail to : Jenny Kippley
3503 Whytecliff Way
Sun Prairie, WI 53590

Name:

_____Phone:_____

Address:

_____

City: State: Zip: _____

Email required:_____
(WWHA's newsletter is sent 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 own # Tennessee Walking Horse (s) and # other horses._____

The horse(s) are mainly used for: _____

WWHA Areas of Interest: _____

Type of Membership: _____New Membership _____Renewal Membership

_____Individual/Family ($25) (Indicate total number of people for membership: _____
_____Youth Only ($10) (age 17 or under on January 1st) (Date of Birth _____)
_____ Riding Award program ($10) _____Horse _____Rider _____BTE

How did you learn about us? ___Friend/Member ___Midwest Horse Fair ___Website ___Social Media

Signature: _____ Date: _____