

OHIO-KENTUCKY WALKING & RACKING HORSE ASSOCIATION



(O.K.W.R.H.A)



MEMBERSHIP APPLICATION

Name: _____ Date of Birth: _____

Address: _____

City, State, & Zip Code: _____

Telephone #: _____ Cell #: _____

Email Address: _____

Additional Family Members:

Spouse: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Membership Type

Family -\$25

Individual- \$20

Juvenile- \$10

Make checks payable to OKWRHA

Check # _____ Amount: \$ _____ Date: _____

Ohio-Kentucky Walking & Racking Horse Association

P. O. Box 844 Flatwoods, KY 41139 okwrha@outlook.com