



FLORIDA WALKING & RACKING HORSE ASSOCIATION

2019

Membership Application

FWRHA

Bring to an FWRHA event / email fwrhacontact@gmail.com

****MEMBERSHIP AUTOMATICALLY QUALIFIES YOU FOR HIGH POINT
POINTS BEGIN ACCUMULATING WHEN DUES ARE RECEIVED**

New _____ Renewal _____

Family Members

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

FWRHA Member who referred you: _____

Annual Dues: \$25.00 Per Membership
(You don't have to own a horse to be a member)

Date: _____ Amount Owed: _____ Amount enclosed: Cash _____ Check _____ # _____

Interests: (please indicate number of horses in each category)

Walking _____ Racking _____ Trail _____ Plantation _____ Breeding _____

Other horse related organizations to which you belong:

TWHBEA _____ Racking Horse Breeders _____ WHOA _____ Other _____

Committee(s) you would like to work on:

Membership _____ Shows _____ High Point _____ Fund Raiser/Trail Rides _____ Promotion _____

Sponsorship _____