



FLORIDA WALKING AND RACKING HORSE ASSOCIATION

Membership Application
FWRHA
Bring to a FWRHA Event or mail to
FWRHA
9821 Eden Ave
Hudson, Fl. 34667

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

New Renewal

Family Members

Name: _____

Address: _____

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

E-Mail: _____ Cell Phone: _____

FWRHA Member who referred you: _____

Annual Dues \$25.00 Per Member
(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 FundRaiser/TrailRides Promotion

Sponsorship