



Walking Horse Trainers'

Auxiliary

Membership Form

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Cell #: _____

Email (only if you check regularly): _____

Renewal Membership: _____ New Member: _____

How long have you been a member? 10+ yrs: _____ 3 yrs or less: _____

Please list any Auxiliary Awards or Scholarships Received & in what year if you recall: _____

Updates & Notices: ___ Email ___ Mail ___ Txt

Please list any projects you participated in last year: _____

Please list any projects you would like to help with this year: _____

DUES: Dues are \$30 per year and are **due no later than March 1 to be eligible to show.** Post marked dues will be accepted. Each member must also complete a new membership form each year.

Mail dues & Membership Forms to:

WHTA Auxiliary
P.O. Box 1821
Shelbyville, TN 37162

DUE PAYMENT INFORMATION:

Cash: _____

Check #: _____

Past President: _____