
Walking Horse Association of Ohio

Membership Application

Name _____

Additional Names _____ (Date of Birth for Youth Membership)

_____ Date Of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Individual-\$20.00

Family-\$30.00

Youth-\$10.00

Associate-\$10.00

What are your interests? Breeding Clinics Showing Training Trail Rides

How many horses do you own/train? _____

Would you be interested in serving on the WHAO Executive Committee? _____

Would you be interested in serving on any WHAO Committees? _____

Would you be willing to volunteer time at any WHAO events? _____

Newsletters will be mailed/emailed to members whenever they are publicized. WHAO members are eligible to vote in all business matters of WHAO, in accordance with the Bylaw Regulations. Members in good standing are eligible to hold an office seat in accordance with the Bylaw Regulations.

Please make checks payable to WHAO and mail applications and payments to :

Kathie Waltz

551 Honeysuckle Lane

Chagrin Falls, Ohio 44023

Phone: 440-543-9549

Email: talliho@windstream.net
