



# Oregon Horse Association Oregon, Wisconsin

## Membership Form

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ New or Renewal (circle one)

Please place a check below to authorize:

Yes, I agree OHA can disclose my name & address to the Wisconsin State Horse Council (WSHC).

Yes, I agree OHA can disclose my e-mail address to the WSHC for the purpose of e-mail communication such as monthly newsletters, special events and important legislative updates.

Type of Membership (circle one):    \$15 Family        \$10 Single  
(Memberships after July 1st are half price for remainder of year)

Briefly describe your interest in horses (e.g. horses owned, breed or type interested in, horse activities interested in, etc.):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent or guardian if under 18 years old)

Thank you!

*Please print, fill out and mail to:  
Roberta Nelson, Secretary  
c/o Oregon Horse Association  
4558 Rome Corners Rd.  
Brooklyn, WI 53521*