

Oregon Horse Association Oregon, Wisconsin

Membership Form

Name:	Year:
Address:	
City, State, Zip Code:	
Phone number:	
Email:	New or Renewal (circle one)
Please pl	lace a check below to authorize:
<u> </u>	close my e-mail address to the WHC for the purpose of monthly newsletters, special events and important
Yes, I agree OHA can discle (WHC)	ose my name & address to the Wisconsin Horse Council
Type of Membership (circle one) (Memberships after July 1st are ha	\$15 Single \$20 Family alf price for the reminder of the year)
Briefly describe your interest in horse activities interested in, etc.)	horses (e.g. horses owned, breed or type interested in, on the back of this form.
Signature: (signature of pa	Date: nrent or guardian if under 18 years old)
Oregon Horse A	se print, fill out and mail to: ssociation c/o Mary Hinrichs, Treasurer alcon Cir, Monona, WI 53716
Office use only: Chec	ck#/