



Membership Form

Name: _____ Year: _____

Address: _____

City, State, Zip Code: _____

Phone number: _____

Email: _____ New or Renewal (circle one)

Please place a check below to authorize:

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

___ Yes, I agree OHA can disclose my name & address to the Wisconsin Horse Council (WHC)

Type of Membership (circle one) \$15 Single \$20 Family
 (Memberships after July 1st are half price for the remainder of the year)

Briefly describe your interest in horses (e.g. horses owned, breed or type interested in, horse activities interested in, etc.) on the back of this form.

Signature: _____ Date: _____
 (signature of parent or guardian if under 18 years old)

Please print, fill out and mail to:
 Oregon Horse Association c/o Mary Hinrichs, Treasurer
 439 Falcon Cir, Monona, WI 53716

Office use only: Check# _____ Received: ____ / ____ / ____