



Ohio & Kentucky Walking & Racking Horse Association Membership Application

Name _____ Birthdate _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Business Phone # _____
 E-Mail _____

My Participation In The Horse Industry Is

Owner _____ Breeder _____ Exhibitor _____ Trainer _____ Other _____
 Number of Horses Owned _____ Breed of Horses _____

For Family Membership List Additional Members

Spouse _____	Birthdate _____
Children _____	Birthdate _____
Children _____	Birthdate _____
Children _____	Birthdate _____
Children _____	Birthdate _____

Membership \$20.00

Signature

Send To: Ohio & Kentucky Walking & Racking Horse Association
 Susan Fultz
 14431D ST RT 140, South Webster, OH 45682