

**WALKING HORSE OWNERS' ASSOCIATION
OF AMERICA
2018 TEMPORARY MEMBERSHIP
APPLICATION FEE \$20.00**

Entitles exhibitor to show at one (1) W.H.O.A. Horse show

Name of Show: _____

Date of Show: _____

City & State: _____

Exhibitor Name: _____

Street (no PO Box): _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Email: _____

(Complete if you would like information about upcoming shows. We do not share this information)

**NOTICE: USDA REQUIRES NAME & COMPLETE ADDRESS
OF ALL EXHIBITOR'S**

ATTENTION: SHOW MANAGEMENT

**IT IS YOUR RESPONSIBILITY TO COLLECT & FORWARD
THIS APPLICATION AND FEES TO W.H.O.A.**

PLEASE MAIL CHECK (PAYABLE TO WHOA) & APPLICATION TO:

**W.H.O.A.
P.O. BOX 4007
MURFREESBORO TN 37129**