



Walking Horse Association of Michigan - Membership Application
January 1 - December 31 (2010)

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Alt Phone: \_\_\_\_\_
Email \*\* \_\_\_\_\_

\*\*(E-mail addresses will only be used for WHAM business - not sold to any individual or organization)

Member Status Select Region
New Region 1 (North of US 10)
Renewal Region 2 (South of US 10, West of US 27)
Region 3 (South of US 10, East of US 27)
Out-of-State



Fees and Voting options
\$20 Youth only 17&Under (as of 01/01/10) - (0 Votes)
\$30 Single or Married Couple (1 or 2 Adult Votes)
\$40 Family members - (2 Adult Votes)

TOTAL FEES PAID \_\_\_\_\_

If you are signing up for a couple or family membership, list spouses name and/or children's names and ages

Spouse: \_\_\_\_\_
Children: \_\_\_\_\_

Note: Grandchildren are not included and need a separate youth membership

Please check the following if required:

- Do NOT want your e-mail listed in the WHAM newsletter or member directory
Do NOT want to receive your newsletter via e-mail
YOUTH: If you would like more information on the youth program (WHAMYA)
Would you like more information about the Trail Program?
Would you like more information about the Horse Shows?
Would you be interested in volunteering at an organized trail ride or a horse show?

Membership entitles you to: Membership card, monthly newsletter, reduced cost for advertising in newsletter & website, free stallion/farm listing in newsletter & website, year end award points tracking & voting privileges.

ATTN: You must be a current WHAM member for points you earn to count toward year end awards.

Membership is not retroactive! Points will start accumulating from date of membership.

I hereby grant the Walking Horse Association of Michigan permission to use my likeness in a photograph in any and all of its publications, including website entries and the newsletter, without payment or any other consideration.

Important: I hereby release the Walking Horse Association of Michigan of any liabilities for personal loss/injury, and/or loss/damage of any kind. I accept all responsibility for myself, family members, and personal property. I certify that I have private insurance in case of accidental injury.

Required Signature

\_\_\_\_\_
(Guardian's signature if under 18)

(Please cut this bottom portion off and save as your receipt)

Make checks payable to WHAM - mail to: Sherry Canniff 426 S. Intermediate Lake Road, Central Lake MI 49622

Amount paid \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have not received a newsletter or membership packet in 3 to 4 weeks please contact:

Sherry Canniff telephone 231-544-6033 or Email rscanniff@aol.com