Prince William Horse Association (PWHA)

"Families Riding Together"

Yearly Membership Application

Name		Home Phone
		Work Phone
Address		
City	State	Zip
e-mail address		

TYPE OF MEMBERSHIP **(CHECK ONE)** **_____ FAMILY $45.00**
_____ INDIVIDUAL $25.00

Name	Date of Birth

I AGREE TO ABIDE BY THE CONSTITUTION, REGULATIONS AND BY-LAWS AS SET FORTH BY THE PRINCE WILLIAM HORSE ASSOCIATION

_____ Date: _____
Signature

_____
Parent/Guardian (under 18)

Please make check payable to:
PWHA
P.O. Box 161
Nokesville, VA 20182-0161