



Eastern Kentucky Walking & Racking Horse Association
PO Box 1244, Prestonsburg, KY 41653
ekwrha@gmail.com

2021 Membership Application

Check One
 \$25 Family
 \$15.Individual

Name: _____ Birthdate (if juvenile): _____

For family membership, please list additional family members:

Spouse: _____

Children ages 17 years and under:

Important
 To participate in the EKWRHA Trail Riding High Point Awards Program, place a checkmark after the name(s) of the trail rider(s) under this membership

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Residence _____ Barn _____

Business _____ Cell _____

Email: _____

Barn Name (if applies): _____

Breed(s) of Horse: _____

I hereby apply for membership in the Eastern Kentucky Walking & Racking Horse Association and agree to abide by the bylaws and all other lawful rules and regulations of the Association, so far as they apply to me.

Signature: _____ Date: _____

Please mail membership and payment to the address above.