

**2026 Kentucky Walking and Racking Horse Trainers Association
Membership Application**

Check One: _____ **\$25 Trainer** _____ **\$10 Associate/Individual**

Name: _____

Stable Name: _____

Address: _____

City, State, Zip: _____

Home Phone and/or Cell #: _____

<p><i>Mail to: KWRHTA 2439 Columbia Hwy, Greensburg, KY 42743</i></p> <p>Date Paid _____</p>
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