



Walking Horse Association of Michigan - Membership Application
January 1 - December 31 2011

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 01/01/11) - (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 **DOB**

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, quarterly 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