



Whippoorwill Farm Horse Show Association

2021 Rider Membership Application

(Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Birthdate: _____

Membership Fee: \$40.00

Paid by Cash: _____ Check#: _____ Card: _____

To be eligible for year-end awards, a member must compete in the same division in at least three (3) WFHSA Horse Shows during this show year.

If Rider is also registering as Owner, check here _____ to waive Rider Membership Fee.

Signature: _____ Date: _____