



Membership Application

TENNESSEE WALKING HORSE BREEDERS' AND EXHIBITORS' ASSOCIATION
CUSTOMER SERVICE: 1-931-359-1574, OR JOIN ONLINE! WWW.TWHBEA.COM

Joint, family or business memberships are not available. ALL information must be filled in completely!

Name: _____

Circle one: MR. MRS. MS. MISS DR.

Address: _____

City/State/Zip: _____

Telephone: _____

Email Address: _____

I am an: ___owner, ___breeder, ___trainer, ___exhibitor, _____ other (4-H, FFA, vendor, friend, etc.) and agree to abide by the By-Laws, Rules and Regulations of the TWHBEA, support its objectives, and comply with its standards of conduct.

Signature of applicant: _____

Please enter Social Security

(Required for prize money distribution. Used for identification purposes.)

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Please enter birth date. Required for Youth and Young Adult Members.

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Enclosed is my check or money order for:

- \$60 Annual Adult Membership (18 years or older)
- \$1000 Lifetime Membership
- \$60 Four-Year Young Adult Membership (18 - 21 years)
- \$10 Annual Youth Membership (17 years & under)

Date of application: _____