

# PWHAT 2020 Membership Form

Due February 1, 2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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Youth Member please give date of birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Interests: Trail Riding \_\_\_\_\_ Shows \_\_\_\_\_ Sales \_\_\_\_\_ Clinics \_\_\_\_\_

Membership Fees (circle one): Individual Adult \$ 25.00 Youth \$10.00

**Please make check payable to: PWHAT P.O. Box 712 Shelbyville, TN 37162 or  
pay via Paypal at our website: [www.pwhat.com](http://www.pwhat.com)**