



2012 WOLVERINE MORGAN  
HORSE ASSOCIATION APPLICATION

For Office Use Only  
Date Rec'd \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount \_\_\_\_\_

**\$10** Individual (18 & Under) **\$15** Individual (19 & Over) **\$20** Family (same Address)

Name \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Farm Name: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Horse Clubs & Affiliations: \_\_\_\_\_

Interest: Boarding, Breeding, Instruction, Sales, Showing-Breed, Showing-Open, Trail-Riding,  
Training

Circle all that apply, list others: \_\_\_\_\_

What can you volunteer to help with? \_\_\_\_\_  
\_\_\_\_\_

Signature (19 & Over) \_\_\_\_\_ Date \_\_\_\_\_

Signature (19 & Over) \_\_\_\_\_ Date \_\_\_\_\_

Tell us about your horses:

Name	Breed	Sex	Color	Year	For Sale Y/N

**By submitting this membership application, you agree to hold the WMHA, its members and their families, committees, sponsors and assigns, harmless for any legal claims relating to physical, mental, or financial incidents or injury in association with WMHA sponsored events. In addition, signing this application constitutes that you have read and agree to all WMHA Rules and Bylaws.**

Mail to WMHA P. O. Box 392 Kalkaska Michigan 49646

WMHA is not responsible for injury, accidents, or loss, pursuant to Michigan Public Act 351 of 1994, Sec. 3.