



WALK TROT CANTER ASSOCIATION

MEMBERSHIP APPLICATION

Primary Member Name: _____ Birthdate: ____/____/____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Primary Member Horse's Name: _____

Primary Member please check one: Adult Amateur Open/Pro Junior/YR

| MEMBERSHIP TYPE | FEE |
|---|------|
| <input type="checkbox"/> Membership (Primary) | \$25 |
| <input type="checkbox"/> Additional Family Member (Name/Horse: _____) (AA/Pro/Jr) | \$15 |
| <input type="checkbox"/> Additional Family Member (Name/Horse: _____) (AA/Pro/Jr) | \$15 |
| <input type="checkbox"/> Additional Family Member (Name/Horse: _____) (AA/Pro/Jr) | \$15 |
| <input type="checkbox"/> Additional Family Member (Name/Horse: _____) (AA/Pro/Jr) | \$15 |

-Membership year is January 1 to December 31

-Additional Family Member must reside at the same address

-Junior/YR member = member under 21 or turning 21 during the competition year.

| ADDITIONAL HORSE REGISTRATION | | | |
|-------------------------------|--------------|-------|------|
| Horse Name* | Horse Breed* | Rider | Fee: |
| 1. | | | \$15 |
| 2. | | | \$15 |
| 3. | | | \$15 |
| 4. | | | \$15 |
| 5. | | | \$15 |

** You must register your horse using the name shown on your Coggins and it must match your entry forms.

** Horse breed: Copy of registration papers must be attached for all registered breed categories. Horses & ponies may only qualify for one Year End Award.

Payment Options:

Email form to info@walktrotcanter.org

Phone: 352-474-8383

PayPal: paywtc@walktrotcanter.org

Venmo: @walktrotcanterFL

Check: Walk Trot Canter Association, 15202 NW 147th Dr. Suite 1200-215, Alachua, FL 32615

| FEE TOTALS | |
|-----------------------------------|--|
| Total Membership Fees: | |
| Total Fees for Additional Horses: | |
| Combined Total: | |