



North Central Ohio Walking Horse Association

2009 Membership Application

\$23 Individual (Junior or Senior) or
 \$25 Family

Date: _____

Individual Membership:

Individual Membership Name:	
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Family Membership:

Please list all Family Member Names:	
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(If additional space is needed please use back)

Address:		
City:	State:	Zip:
Phone:	Farm Name:	
E-mail Address:		

Please make checks payable to NCOWHA and send to:

Jackie LaRue
 4310 Ridgeton Road
 Bucyrus, OH 44820

Phone: 419-562-3082 E-mail: tjclarue@yahoo.com

Please feel free to make copies to pass to anyone who might be interested in joining.

Please Check One: (which will apply for individual or family memberships)

- Please include my name (and my family if applies) on any membership list provided to other club members.
- Please include my name (and my family if applies) on any membership list provided to other club members and to anyone outside the club wanting the membership list.
- Please do not include my name (and my family if applies) on any membership list provided to other club members or to anyone outside the club wanting the membership list.

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