



2012 Membership Form

Date _____

Name _____

Email Address: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birth Date _____

Please select one:

_____ Life Member (single payment) \$200

_____ Member (Year) \$50

_____ Family Member \$175
(parent & 2 children) up to 3 votes

Names of individual family members and birthdates - if not listed above

Name of horse _____

Owned or Leased

Mail to: WTHJA 4842 Windsong Park Drive Collierville, TN 38017