



# EQUINES OF AMERICA MEMBERSHIP

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Farm name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Farm address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary breed of horse(s)  
owned

► Signature : \_\_\_\_\_ Date \_\_\_\_\_

## MEMBERSHIP FEE \$45 USD

CHECKS CAN BE MADE OUT TO "EQUINES OF AMERICA LLC"

☐ Check # \_\_\_\_\_ ☐ Money Order #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ SEND ME A PAYAPAL INVOICE TO THIS EMAIL: \_\_\_\_\_

