



## 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: \_\_\_\_\_

