



MEMBERSHIP FORM

Individual - \$15

Name: _____

Family - \$25

Names: _____

Commercial - \$35

Business Name: _____

Business Website: _____

Organizational - \$35

Organization Name: _____

Organization Website: _____

Number of Members: _____

Association - \$35

Association Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Signature: _____

**Make checks payable to Wyoming Horse Council and mail to:
Virginia Wakefield
5312 Westedt Rd.
Cheyenne, WY 82009**