



WEST VIRGINIA EQUINE ASSOCIATION

MEMBERSHIP APPLICATION

“Uniting & Educating WV’s Equine Community”

P.O. Box 552

Fairmont, WV 26555

www.wvequineassoc.org

info@wvequineassoc.org

TYPE: New OR Renewal YEAR: 20_____

PLEASE PRINT OR TYPE

Applicant _____ Spouse/Partner _____ Total # in Family _____

Children Under 18 (names & ages) _____

Address _____

City _____ State _____ Zip _____

Home County _____ Phone (_____) _____ - _____

E-Mail _____ Website _____

Do you prefer e-mail or postal mail for receiving association correspondence?

Would you like more information about volunteering as a County/Regional Representative? Yes No

Would you be interested in volunteering for a committee? Education/PR Fundraising Legislative
 Membership Publications Trails Welfare

Membership Fee: Junior (\$15) Individual (\$20) Family/Group* (\$25) Lifetime (\$300)

***Additional Group/Organization Information**

Group Name _____

Total # of members _____ Delegate’s Name _____

Address if different than above _____

Phone (_____) _____ - _____ E-Mail _____

What equine activity do you engage in the most? _____

How many equines do you own? _____ Breeds/Types _____

How did you hear about WVEA? _____

(Make Checks payable to West Virginia Equine Association, Inc.)

Mail payment and application to: WVEA, PO Box 552, Fairmont, WV 26555

For Internal Use Only

Membership ID #:			Payment Type:
Received by:	Date:		Check No.:
Card Issued by:	Date:		Date Dues sent to Treasurer: