



Northwest Gaited Horse Association 2024 Membership Application

Membership Name: _____

Stable Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Office: _____ Email: _____

Please send me my minutes via (please circle one): email _____ snail mail _____ I do not wish my name, city, or state to be published on the website.

Please mark your membership type and provide the additional data requested.

Family Membership: _____ \$35.00

Two voting members allowed per membership. Please indicate voting members and list all members who will be covered by this membership. Additional family members on back of form.

1. _____
2. _____
3. _____

Individual Adult: Renewal _____ \$25.00

****2024 Membership sponsorship: Paid member will sponsor 1st time member (Individual or Young Adult, or Youth) Name of Member Sponsor _____**

Young Adult (18-21 Years) Voting Privileges _____ \$15.00

Youth: \$10.00 (No voting privileges, 17 years of age and under) If parents or guardians are not members.

Parent/Legal Guardian Signature: _____ Date: _____ (Parent or legal guardian MUST sign for youth)

Signature of Adult Applicant: _____ Date: _____

I (We) own a Gaited Horse Breed or type _____
I (We) are interested in Show Trail Rides Pleasure riding (Arena) Dressage Training Other (Explain)

If you have questions please call Nancy Plunkett 503-816-3597

Checks made out to NWGHA

Please mail form and payment to:

Nancy Plunkett: 26280 SW Baker Rd: Sherwood, OR 97140 Additional forms available on website: www.NWGHA.live