Wild Rose Draft Horse Association

2027 MEMBERSHIP FORM

MEMBERSHIP

- ☐ Single $20.00 (1 vote) _____
- ☐ Family $25.00 (2 votes) _____

Please make cheques payable to **WRDHA** and mail with completed Membership Form to:

Barb Stephenson
Box 96
Turner Valley, AB
T0L 2A0
Phone: (403) 933-5765

OR send an e-transfer to wrdhamain@gmail.com

MEMBER INFORMATION:

Name: _____

Address: _____

_____

Postal Code: _____

Phone Number: _____

Email: _____