

# *Indiana Walking Horse Association Membership Application*

Name:

Address:

City, State and Zip:

Phone Number:

E-mail Address:

Family \$25                      Single \$15

Family member names:

Make Checks Payable to: *Indiana Walking Horse Association, Membership*

Mail to:      Gordon Lawler  
                 8245 So. St. Rd. 109  
                 Markleville, IN 46056