

WISCONSIN HORSE COUNCIL MEMBERSHIP APPLICATION

Free Youth Memberships run concurrent with the school year

Office Use Only:
Date Received:
Date Processed:
Date Mailed:

LEVEL I FREE YOUTH MEMBERSHIP INFORMATION – for Ages 8 – High School Graduation			
Name:		Age:	
Street Address:	City, State, Zip:		
Phone #:	E-mail Address:		
County:	WHC District #:	Number of Horses:	
Equine Organization(s) that you belong to that are WHC Level II or III Members:			
Contact information to the organization(s) you are joining under:			
Parent/Guardian Signature Requi	red:		
Parent/Guardian Name Printed:			
I agree that WHC can publicly share name/photos of the Youth member listed above on their media platforms.			
Parent/Guardian Contact Info:			
Street Address:	City, State, Zip:		
Phone #:	E-mail Address:		
*All information requested above is required and must be complete and accurate.			
LEVEL I YOUTH MEMBERSHIP OPTION			
	o insurance) mail listed above	•	
Note:			
Membership, they will be required Youth Membership (17 & under) a	would like to participate in a WHC program that d to hold a <u>paid</u> Level I Membership as well. Ren are always free with a <u>paid</u> Level I Adult Member Member, the Level I Youth Member would alread	nember that our regular Level I ship. So that means if the parent	
Wisconsin Horse Council does not sell or d organization for WHC business.	istribute our membership list. Information is kep	t private for use only by our	
Return application to:	Wisconsin Horse Council P.O. Box 72		

P.O. Box 72
Columbus, WI 53925
Phone: 920-623-0393
www.wisconsinhorsecouncil.org