



# Membership Form

Annual Association Membership \$10

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Please make checks payable to:**  
Amateurs' Racking Horse Association

**Please mail the membership form and check to:**  
Aleisha Roberts  
190 Texas School Rd. Eubank, KY 42567