



Mid America Fox Trotting Horse Association

Membership Form

Name: _____

Spouse: _____

Children under 18: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _(____)_____ Barn/Cell: _(____)_____

Email Address: _____

Please include check: \$15.00 Individual Membership

 \$25.00 Family Membership

Send to:

Mid America Fox Trotting Horse Assoc.

Attention: Membership Dues

P. O. Box 726

Republic, Missouri 65738