



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

A \$25 family membership covers the primary member, his or her spouse, and immediate family members living in the same household.