

WELSH PONY & COB SOCIETY OF AMERICA, INC. MEMBERSHIP APPLICATION

Applicant(s) Name _____

Address _____

City/State/Zip _____ Telephone _____

Email _____ Website _____

*NOTE: All Annual Memberships expire on December 31 of the current year, regardless of date submitted.

Type of Membership (check one): Fee (Add \$10 for Foreign Memberships) All Canadian & Foreign payments must be in U.S. Funds.

____ Renewal ____ New Membership

____ \$1,000 Life – Individual Only

____ \$1,000 Junior Life – Individual Only – Birth Date _____

____ \$55 *Annual Family/Firm – Immediate family unit consisting of parent/guardian and minor children (who have not reached their 18th birthday) or a corporation/firm or association. *List names below.

____ \$45 Annual – Individual Only

____ \$30 Annual Associate – Individual Only – *Limited Membership Privileges. No discount on registration & transfer fees; no vote; will not receive yearbook or be listed in the Member/Breeder Directory.

____ \$25 Annual Junior - Individual Only - Age 18 & Under - Birth Date _____. No vote; will not receive yearbook or be listed in the Member/Breeder Directory.

*Family/Firm membership please list individuals names, name of designated voter & dates of birth for children under 18.

_____	_____
_____	_____
_____	_____

*New members receive a literature packet: Member-breeder list, Welsh Pony Leaflet; Welsh Cob Brochure; Care/Feeding booklet; Fee Schedule; WPCSA Newsletter; WPCSA Rulebook & By-Laws; 3” WPCSA Window Decal.

Complete form & mail with fee to: Welsh Pony & Cob Society of America, Inc., 720 Green St., Stephens City, VA 22655

Amount Enclosed _____ or charge to my (circle one) Visa or MasterCard

Name as it appears on card _____

Card Number _____ 3-digit Security Code _____
(back of card)

Exp. Date _____ Signature _____