



Wisconsin Buckskin Horse Association

A Charter of the International Buckskin Horse Association

2019 Membership

Name as it appears on IBHA Card: _____

IBHA #: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

**Important club news and updates are emailed throughout the year

How would you like your membership card? Circle one. Emailed Mailed

***Memberships expire Dec. 31, 2019 regardless of when submitted

Select Membership Type:

_____ Single membership - \$10.00 (One person-- open, amateur or youth)

_____ Family Membership - \$20.00 (Two adults and children 18 & under-same address)

***Anyone 19 and older must obtain a single membership

Please list all names for a family membership:

****List additional email(s) you wish to be on the WBHA email list.****

Make check payable to WBHA and mail to:

Lise Graham, N6631 County Road M, Holmen, WI 54636

or email form to: wibuckskin@gmail.com

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For office use only:

Date received: _____ Check #: _____ Card sent: _____ #: _____