



**US WILD HORSE AND BURRO ASSOCIATION MEMBERSHIP APPLICATION
PLEASE USE A SEPARATE FORM FOR EACH MEMBERSHIP**

Member fees:

General Membership Age 18 and over (eligible to hold officer positions) \$10.00

Junior under Age 18, (may **not** hold officer positions) \$5.00

Business \$50.00: Business members cannot hold officer positions in the organization.

Business logos will appear on the National Web site, on the Supporters/Businesses page.

Businesses that support or sponsor an event will have logos appear on advertising.

Member name _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone _____ Cell Phone _____

Email _____

To keep our expenses low we now have a Facebook Page US Wild Horse and Burro Assoc.

Please answer the following questions for our records

Are you willing to volunteer at equine events to promote wild equine _____

Do you now have any wild equine(s) _____

If yes what type _____

Do you show or compete with your wild equine(s) _____

What types of events do you compete in _____

Has your wild equine done anything special that you would like to tell us about _____

Thank you for joining the USWHBA. We are dedicated to promoting wild equine(s) as versatile, trustworthy, and good natured animals that can be trained to do anything a domestic equine can.

Our goal is to get as many wild equine(s) as possible adopted, by educating the horse loving public that wild equine(s) are trainable. We are not, and will never be, a political association.

USWHBA will not tolerate political agendas from members in any fashion. We are here to promote wild equine(s) period.

Ever increasing costs to care for and transport abandoned, abused, or repossessed wild equines strains any organizations attempts to care for these special animals. Support our efforts with a donation to the USWHBA and help us place more wild equines into good caring homes today. For more information please visit our Web site. www.uswhba.org. or our Facebook Page US Wild Horse and Burro Assoc.

\$ _____ **MEMBERSHIP:** please send completed application with check or money
\$ _____ **DONATION:** order USWHBA C/O Robin Rivello
\$ _____ **TOTAL** 23 Hooker Street
Jamesburg, NJ 08831

OR BY CREDIT CARD: WE ARE USING PAYPAL:

Credit Card Information: Please Print (or if you would like to phone) to process credit card: Robin Rivello-732-742-5044 *NOTE-We will not process without payment.

Name as it appears on card _____

Billing address: _____

City: _____ State: _____ Zip code: _____

Phone# _____ Cell# _____

Card Number: _____

Expiration date: _____ CSC#(3 or 4 digit code on back of card) _____

Email address for confirmation and receipt: _____