



Kansas City Regional Fox Trotting Horse Association *Membership Application*



Name(s) _____

\$15.00 Family Membership

Address _____

Name & Age of Children:

City _____

State _____ Zip _____

Phone: _____

(Home) _____

(Cell) _____

(Work) _____

\$10.00 Single Membership

E-Mail _____

Free Membership*

Website _____

Purchased Horse From: _____

**A non-member is entitled to a one-time free membership upon purchasing a Fox Trotter from a KCRFTHA member.*

How did you hear about KCRFTHA: Seminar ___ KCRFTHA Website ___ Another Member ___ Who _____

Are you a current member of the Missouri Fox Trotting Horse Breed Association? ___#_____

Send application and payment to:

Susan Breau, Treasurer

12708 E. Brockview

Peculiar, MO 64078

(Please make checks payable to K.C.R.F.T.H.A.)

Date _____