



Welcomes You to Please Join Us
Membership Application

NEW: _____ RENEWAL: _____ ANNUAL MEMBERSHIP FEES: YOUTH--\$5 INDIVIDUAL--\$30 FAMILY--\$50

DATE: _____ MEMBERSHIP YEAR: _____

NAMES(S): _____

Youth (UNDER 18 YRS): _____ DOB: _____

FARM NAME: _____

ADDRESS: _____

CITY STATE ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

How would you prefer your correspondence regarding club matter?

Email: _____ Phone: _____

Website: _____

I may have interest in the following Club activities and/or committees—Circle Show, Youth, Publications, Marketing/Advertising, Website, Education, Bylaws, Rules, Special Projects, Parades, ADS, Fun Events
Other: _____.

I would like to Sponsor the 2026 NWMHSPA Show.

_____ Yes _____ No Which Class? _____

Class Sponsorships are \$45.00 per class and Champion or Grand Classes are \$75.00.

I have read the Bylaws of the NWMHSPA and any amendments hereafter, and agree to abide by those Bylaws and decisions made by the Executive Board pertaining the acceptance or termination of my (our) membership.

Signature (s) Date

Mail Check and completed form to NWMHSPA to Treasurer Janna Niesen
17109 124th Ave E Apt M204 Puyallup, WA 98374