

Healing Horse Registry Membership Application

P.O. Box 176, Platteville, CO 80651

annette@healinghorseregistryinternatioanl.com, brenda@healinghorseregistryinternatioanl.com

Date: _____

Name _____

Business Name _____

Address _____

Address _____

Email Address _____

Web Site Address _____

Please check if you wish to have your contact info withheld from the website member list

Clubs, Registries & Equine Affiliations: _____

Signature of Applicant _____

Membership for the year of: _____

Horse Registration

(Each membership is based on a calendar year beginning July 1st)

Type of Membership Annual / Lifetime

of Healing Horse Registry Horse(s) _____ \$75.00 @

Individual _____ \$35.00 / \$250.00

of Legacy Registry Horses _____ \$75.00 @

Business _____ \$250.00/ N/A

of EPONA Club Horses _____ \$75.00 @

Total Amount Enclosed \$ _____

Payment by Visa or MasterCard

Card # _____ Name on Card _____

Expiration Date: _____ Pin # _____

Card holders Signature of Authorization

*Please make Check or Money Order payable in U.S.Funds to: Healing Horse Registry

Revised Feb 2013