

2025 ETWHA MEMBERSHIP APPLICATION

Application Date: _____

Memberships are per family with children under age of 18. Children over 18 must join separately.

Please check one: \$50.00 - Highpoint Membership

\$25.00 - Associate Membership

Name:		
Spouses Name:		
Farm Name:		
Business Name:		
Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
List all Youth 17 & unde	er (names & ages):	
Send news	letter by: US Postal Servic	e Email
		UST be a member of the association. To show in the H the ETWHA and the ETWHA Ladies Auxiliary. It the following show.
Ν	fail check (<mark>payable to ETWHA</mark>) ar ETWHA	nd membership form to:
	c/o Jamie Ailsl	hie
	1124 Gap Mountai	
	Greeneville, TN 3 (423) 440-112	
	(425) 440-112	
	end me more information on the fo	
ETWHA Spons	ETWHA Show Affi	liation ETWHA Scholarship Program
ET	WHA Ladies Auxiliary	East Tennessee Trainers Assoc.