



VMHC Membership Application

_____ Individual - \$20.00

_____ Family - \$30.00

Individual Name: _____

Family members: _____
(for family membership)

Farm Name: _____

Address: _____

Phone: _____ Email: _____

Website: _____

Do you own a miniature horse(s)? _____ (Not required for membership)

If so, please list their name(s), gender and registration (if any):

Do you want to receive your newsletter by email or mail? _____

Do you want your website link listed on the VMHC Website Members Page? _____

Please make check/money order payable to **VMHC** and mail to:

Diane Leake, 1271 Pampatike Rd, King William, VA 23086

Welcome to the Virginia Miniature Horse Club!!