# WPOAC 2027 MEMBERSHIP FORM

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email _____

**Please list the name and birth date of each person included in this membership:**

| Name | Adult or Youth | Birthdate (MM/DD/YYYY) |
|---|---|---|
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☐ *I give permission for photos of members listed above to be featured on the Wisconsin Pony of the Americas Club website & promotion.*

*Signature* _____

## MEMBERSHIP FEES

*Please note that fees increase by $5.00 if postmarked on or after April 1st. Make checks payable to Wisconsin POAC.*

☐ **$25** / ☐ **$30** *after April 1* . . . . . **Family WPOAC Membership**
Immediate family in the household, including spouse & children 18 or under as of January 1.

☐ **$20** / ☐ **$25** *after April 1* . . . . . **Single WPOAC Membership**
Individual adults aged 19 & older as of January 1.

☐ **$15** / ☐ **$20** *after April 1* . . . . . **Junior WPOAC Membership**
For exhibition purposes only (points only), and does not include voting rights.
Individual youth 18 or under as of January 1.

☐ **Optional** . . . . . **Youth Scholarship Fund Donation $**_____

- Benefits include: club voting rights*; eligibility to hold State office after six (6) months of membership; eligibility to serve on committees and/or as a committee chairman immediately upon membership; weekend high point and year-end award eligibility; youth royalty eligibility; and MWHF breed demo eligibility.

  **Each membership is entitled to one vote. For example, a family membership receives one vote, even if two adults from the family participate.*
- Membership runs January 1 to December 31 and is not active until the completed form and payment are received by the membership committee chair or their representative.
- WPOAC membership is separate from National POAC membership.
- Dues paid after November 1 will be credited toward the following year. Annual dues must be postmarked by January 1.
- Retain a copy of this form for your records.

## OFFICE USE ONLY

Date Received _____ Amount Paid _____ Cash or Check Check # _____

## MAIL COMPLETED FORM & MEMBERSHIP FEE TO

Lisa Hirschman | 2520 W Michael Drive, Glendale, WI 53209 | lisamhirschman@gmail.com | 303.859.5725