

Kentucky Horse Shu Kru

(Local Chapter FMCA)

Membership Application

Date _____

Full Name _____

Full Name of Spouse/Significant Other _____

Permanent Address _____

Phone Numbers () _____ (home)

() _____ (cell)

() _____ (cell)

E-mail Address _____

Seasonal Address, if applicable _____

FMCA Number _____

Employed Full Time _____ Part-Time _____ Retired _____

Dues: \$30 first year to cover badge expenses and \$20 per year thereafter. Make checks payable to: Kentucky Horse Shu Kru.

Send check and Application form to: Sara Y. Hodges
3383 Keithshire Way
Lexington, KY 40503-3408