

Northern Ohio Draft Pony Association
Membership Application

Current Date: _____ / _____ / _____

Name: _____

Address _____

City _____ State/Province _____ USA/ CANADA Zip Code _____

Phone: (_____)- _____ - _____ E-mail: _____

Family Members under 18: _____

Membership runs from January 1st through December 31st of each fiscal year!

Please indicate if you would like to receive your quarterly newsletter via e-mail. Yes or No

Please mail to: Barb Featheringill, 15432 E. Township Road 8, Attica OH 44807 with your check made out to the NODPA in the amount of \$20.