

North Central Arkansas Foxtrotter Association
Membership Form

Name: _____

Spouse: _____

Children under 18: _____

MFTHBA Membership Numbers: _____

Street Address: _____

City: _____

State and Zip Code: _____

What are your interests? SHOWING TRAIL RIDING CLINICS TRAIL CHALLENGES

How would you like to be contacted about NCAFA Events: MAIL EMAIL PHONE FACEBOOK TEXTING

Annual Membership \$5

Family Membership \$10

MAIL TO:

NCAFA

681 Old Jasper Rd

Marshall, AR 72650