



Great Lakes Haflinger Association

Membership Application

NAME: _____

FARM NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE _____ CELL: _____

EMAIL: _____

NEW MEMBER _____ Renewal: _____ \$25 per year (Jan-Dec)

Make check payable to GLHA

Mail form and check to:

Roland Self

4375 David Highway

Saranac, MI 48881