

# The KWPN of North America



**KWPN-NA**  
609 E. Central  
P. O. Box 0  
Sutherlin, OR 97479

Phone: 541/459-3232, Fax: 541/459-2967  
E-mail: office@kwpn-na.org

## Transfer of Ownership

Please fill out this form and return with *original* registration papers or certificate of pedigree, a copy of the bill of sale or other documentation. For imported horses include 3 photos and passport.

**Transfer of Ownership is \$25 for members or \$50 for non-members.**

Name of Horse \_\_\_\_\_ Sex \_\_\_\_\_ Show Name: \_\_\_\_\_  
Registration Number \_\_\_\_\_ Birthdate \_\_\_\_\_  
Sire \_\_\_\_\_ Dam \_\_\_\_\_  
Previously Owned By \_\_\_\_\_ Country \_\_\_\_\_  
Transfer of Ownership To \_\_\_\_\_  
Signature of New Owner \_\_\_\_\_  
Signature of Previous Owner \_\_\_\_\_  
Date of Sale \_\_\_\_\_ Recorded by the KWPN-NA on \_\_\_\_\_

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## Membership Application

*Membership includes enrollment in the KWPN-NA awards program and quarterly newsletter.*

**Full Membership** .....\$ 85.00  
**Associate Membership** .....50.00  
**Youth Membership** (under 21 years of age) .....35.00  
**Lifetime Membership** (ten times yearly fee) .....850.00

\_\_\_\_\_ I would like to automatically annually renew my membership by Visa or Master Charge.  
Upon checking this box, my membership in the KWPN of North America will continue without interruption unless I tell you to stop. I may cancel this service at any time by written notice.

Mailing or part year address: _____ _____ _____
Phone: _____
Fax: _____
Effective dates: _____

Residence or part year address: _____ _____ _____
Phone: _____
Fax: _____
Effective dates: _____

\_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

(Checks or Money Orders in US Funds only.)

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV# \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_