



WASHINGTON INTERNATIONAL HORSE SHOW YOUNG NELSON SOCIETY OF WASHINGTON

The Young Nelson Society of Washington (YNS) is a social group comprised of local young professionals and equestrian enthusiasts, ages 21-39, interested in supporting the Washington International Horse Show (WIHS), a 501(c)(3) organization, and its charity partners.

The Young Nelson Society of Washington works to raise awareness of WIHS and its charity partners in fun, energetic settings. The Society's name was inspired by George Washington's favorite horse, Old Nelson, one of America's most valiant equine war heroes. The Young Nelson Society of Washington celebrates the bravery, inspiration, partnership and joy a horse lends its rider (whether it be on the battle field, the show ring or in a therapeutic capacity).

Charities

Our supported charities embody the courage, bravery and trust needed to achieve independence and overcome adversity, like the partnership between George Washington and Old Nelson: Tragedy Assistance Program for Survivors (TAPS); Capital Breast Care Center, and United States Equestrian Team (USET) Foundation.

Membership & Benefits

YNS events are a great networking experience for equestrian-enthusiasts in/around Washington, D.C., Maryland and Virginia. YNS hosts various happy hours, parties, horse races and steeplechases, and other exclusive experiences to mix and mingle with new and familiar people.

Membership Application

(September 1, 2018-August 31, 2019)

First & Last Name: _____

Occupation: _____ Employer: _____

Address: _____

E-mail: _____

Phone: _____ Social Media handles: _____

New Member Renewal Referred by (Optional) _____

What inspired you to join YNS? _____

Equestrian experience (not required)? _____

Are you a member of any other clubs, organizations, groups, etc.? _____



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Membership Fee: \$75 (check or credit card accepted)

Payment by Check:

Please make check payable to Washington International Horse Show and send to:
WIHS, Attn: YNS, 3299 K Street NW, Suite 600, Washington, DC 20007.

Payment by Credit Card:

Credit Card Number: _____

Name on Card: _____ Expiration: _____ CCV Code: _____

Authorized Signature: _____ Date _____

Please e-mail your completed application to Info@wihs.org or fax to 202-525-3686.