



(DO NOT WRITE IN THIS SPACE)

# Virginia Horse Shows Association, Inc.

## MEMBERSHIP APPLICATION

### INDIVIDUAL MEMBERSHIP: (Please print neatly)

Name: \_\_\_\_\_ USEF Mbrship No.(not mandatory): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ (HOME) Date of Birth: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (CELL) My Breed Interest: \_\_\_\_\_

### MEMBERSHIP FEES - PLEASE CHECK ONE:

- Senior Membership \$50.00  
 Junior Membership\* \$40.00  
 Life Membership \$400.00

**\*A Junior is anyone under the age of 18 as of Dec. 1<sup>st</sup> of current show year  
(Horse and Owner must be registered with the VHSA to accrue points for Year-End Awards Program)**

**Membership is active the date that the VHSA receives your application and payment in the VHSA office  
or the show date of the VHSA recognized horse show you turned this paperwork into.**

### FARM/STABLE/CORPORATION MEMBERSHIP:

(DO NOT WRITE IN THIS SPACE)

Farm/Stable/Corporate Name: \_\_\_\_\_ USEF Mbrship No.(not mandatory): \_\_\_\_\_  
Owner: \_\_\_\_\_ VHSA No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ (HOME) Date of Incorporation: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (CELL) E-Mail Address: \_\_\_\_\_

***I hereby certify that the above information is correct and that I am the owner or agent for the aforementioned Farm/Stable/Corporation.***

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### MEMBERSHIP FEES - PLEASE CHECK ONE:

- Annual Membership Fee \$50.00  
 Lifetime Membership Fee \$400.00

***NOTE: ANNUAL MEMBERSHIPS EXPIRE NOVEMBER 30<sup>TH</sup>***