



(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. 1st 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 30TH