



2020

(DO NOT WRITE IN THIS SPACE)

Virginia Horse Shows Association, Inc.
~MEMBERSHIP APPLICATION~

INDIVIDUAL MEMBERSHIP (Please print neatly): _____ *Renewal* _____ *New Membership*

Name: _____
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

~ FEES CAN EITHER BE PAID BY CHECK OR BY CREDIT CARD. PLEASE SEE BOX BELOW FOR CREDIT CARD PAYMENT ~

*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.

(DO NOT WRITE IN THIS SPACE)

FARM/STABLE/CORPORATION MEMBERSHIP:

Farm/Stable/Corporate Name: _____
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

~ FEES CAN EITHER BE PAID BY CHECK OR BY CREDIT CARD. PLEASE SEE BOX BELOW FOR CREDIT CARD PAYMENT ~

Name (As it appears on Card): _____	Expiration Date: _____
Credit Card Number: _____	CVV Code: _____
Address of Card Holder (If different than above): _____	
Phone Number: _____	E-mail: _____
With this signature, I give permission to the VHSA to charge my credit card for the above fees:	

NOTE: ANNUAL MEMBERSHIPS EXPIRE NOVEMBER 30TH