



(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 \$60.00
- Junior Membership\* \$50.00
- 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. 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.

(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 \$60.00
- 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 30<sup>TH</sup>**