(DO NOT WRITE IN THIS SPACE)



Virginia Horse Shows Association, Inc. ~MEMBERSHIP APPLICATION~

IDU.	VAL MEMBERSHIP (P	lease print neatly):	Renewal	New Membership
			State:	Zip Code:
			E-Mail Address:	
e:	()	(HOME)	Date of Birth:	
	()	(CELL)	My Breed Interest:	
	MEMBERSHIP FEES - PLEASE CHECK ONE:			
		Senior Membership Junior Membership*	\$60.00 \$50.00	
		[] Life Membership	\$400.00	
	WITH CREI	ONLINE (www.vhsa.com - click on PADIT CARD INFORMATION AND E- *A Junior is anyone under the age of the company	MAIL TO THE VHSA OFFI of 18 as of Dec. 1st of current s	ICE (vhsa@verizon.net) show year
	(Horse and	Owner must be registered with the VE	ISA to accrue points for Year-1	Ena Awaras Program)
		s active the date that the VHSA receives show date of the VHSA received		
	or u	ne show date of the VHSA recognized	norse snow you turned this p	арегмогк ино.
				(DO NOT WRITE IN TH
1/ST	ΓABLE/CORPORATI	ON MEMBERSHIP		`
	TABLE/CORPORATI			`
		ON MEMBERSHIP:		
				VHSA No.:
	orporate Name:		County:	VHSA No.:
ble/Co	orporate Name:		County:Zip Code:	VHSA No.:
	orporate Name:	(HOME)	County: Zip Code: Date of Incorporation:	VHSA No.:
ble/Co	orporate Name:	(HOME)	County: Zip Code: Date of Incorporation: E-Mail Address:	VHSA No.:
ble/Co	orporate Name:	(HOME)	County: Zip Code: Date of Incorporation: E-Mail Address:	VHSA No.:
ble/Co	orporate Name:	(HOME) (CELL) The information is correct and that I am	County: Zip Code: Date of Incorporation: E-Mail Address: the owner or agent for the afo	VHSA No.:
ble/Co	orporate Name:	(HOME) (CELL) re information is correct and that I am SIGNA	County: Zip Code: Date of Incorporation: E-Mail Address: the owner or agent for the afo	VHSA No.:
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ble/Co	orporate Name:	(HOME) (CELL) The information is correct and that I am SIGNA MEMBERSHIP FEES - PLEASI [] Annual Membersh [] Lifetime Members	County: Zip Code: Date of Incorporation: E-Mail Address: the owner or agent for the afo TURE: E CHECK ONE: ip Fee \$60.00 hip Fee \$400.00 AY DUES), BY CHECK OR I	VHSA No.:
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Note: The second	orporate Name: ((HOME) (CELL) The information is correct and that I am SIGNA MEMBERSHIP FEES - PLEASI [] Annual Membersh [] Lifetime Members ONLINE (www.vhsa.com - click on PA OIT CARD INFORMATION AND E- Ad):	County: Zip Code: Date of Incorporation: E-Mail Address: the owner or agent for the afo TURE: E-CHECK ONE: ip Fee \$60.00 hip Fee \$400.00 AY DUES), BY CHECK OR IS	VHSA No.:
N (orporate Name: () () I hereby certify that the above DATE: FEES CAN BE PAID CONTENT CREE WITH CREE Name (As it appears on Care Credit Card Number:	(HOME) (CELL) The information is correct and that I am SIGNA MEMBERSHIP FEES - PLEASI [] Annual Membersh [] Lifetime Membersh [] Lifetime Membersh CONTINE (www.vhsa.com - click on PADIT CARD INFORMATION AND E-	County: Zip Code: Date of Incorporation: E-Mail Address: the owner or agent for the afo TURE: E CHECK ONE: ip Fee \$60.00 hip Fee \$400.00 AY DUES), BY CHECK OR I -MAIL TO THE VHSA OFFI	VHSA No.: orementioned Farm/Stable/Corporation. BY COMPLETING THIS FORM ICE (vhsa@verizon.net) Expiration Date:
N (A	orporate Name:	(HOME) (CELL) The information is correct and that I am SIGNA MEMBERSHIP FEES - PLEASI [] Annual Membersh [] Lifetime Members ONLINE (www.vhsa.com - click on PA OIT CARD INFORMATION AND E- Ad):	County: Zip Code: Date of Incorporation: E-Mail Address: the owner or agent for the afo TURE: E CHECK ONE: ip Fee \$60.00 hip Fee \$400.00 AY DUES), BY CHECK OR I -MAIL TO THE VHSA OFFI	VHSA No.:

NOTE: ANNUAL MEMBERSHIPS EXPIRE NOVEMBER 30TH