

# 2024 AVHSA ASSOCIATION MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

## FAMILY INFORMATION

Please note: Only **IMMEDIATE FAMILY THAT LIVES IN THE SAME HOME** can share family membership. Other family members that wish to show in AVHSA will need to fill out a separate application.

Spouse Name:

Email address:

Current Address:

Date of birth:

Child 1:

Child 2:

Child 3:

Date of birth:

Date of birth:

Date of birth:

## EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## RIDING CLUB INFORMATION

Please circle what riding club you currently are a member of within the AVHSA clubs.

Faulkner Co. Riding Club

Pope Co. Riding Club

Perry Co. Riding Club

## MEMBERSHIP TYPE

Please circle the type of membership you are applying for below.

**Family Membership:** This is up to 5 people that are immediate family and reside in the same residence.

\$50.00 PER FAMILY MEMBERSHIP

**Individual Membership:** One person

\$30.00 PER INDIVIDUAL MEMBERSHIP

## NEED TO KNOW INFORMATION

In order to participate in points accumulation and year end awards for ANY Arkansas Valley Horse Show Association events you must have a current AVHSA membership and a current Riding Club membership prior to March 1<sup>st</sup> of the current show season. Anyone choosing to ride at AVHSA events without these memberships being current and dues paid will still pay the required gate and entry fees, but will not qualify for State placement or points accumulation or any awards being given that year.

## SIGNATURES

**MAIL APPLICATION AND CHECK TO: AVHSA:1910 Hwy 300, Bigelow, AR 72016  
OR GIVE TO YOUR CLUB PRESIDENT OR VICE PRESIDENT TO BE SENT TO US**

Signature of applicant:

Date:

Signature of spouse (only if for a joint membership):

Date: