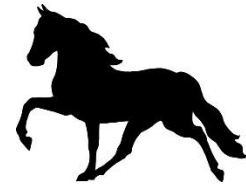


Scott County Regional Horse Association

20__ Membership Application



Please choose the appropriate membership option(s):

Youth/4H _____ individual
\$8.00 (17 and under)

Adult _____ individual
\$10.00 (18 and over)

FAMILY _____
\$25.00*

***Family membership includes parent (1) or parents (2) and their children 17 and under.**

Family **DOES NOT** include adult children 18 and over or other adult family members living at the same address.

*Any adult age children or adults living at the same address (home) must apply and pay for an ADULT membership.

Youth MUST designate an age division	Adult	Family
Name:	Name:	Name:
Age Division: 12 & Under 13-17	Age:	Age:
Name:	Name:	Name:
Age Division: 12 & Under 13-17	Age:	Age:
Name:		Name:
Age Division: 12 & Under 13-17		Age Division: 12 & Under 13-17
		Name:
		Age Division: 12 & Under 13-17
		Name:
		Age Division: 12 & Under 13-17
		Name:
		Age Division: 12 & Under 13-17

****Youth:** age of youth as of January 1 will be the designated showing age division for the show season

****Mailing Address****
(MUST have complete mailing address-please use P.O. Box or 911 address and include the zip code)

Address:		Address:	
City:	State:	City:	State:
Phone:	zip code:	Phone:	zip code:
email:		email:	

Check all that apply: Do you prefer to: SHOW _____ TRAIL RIDE _____ STRAIGHTAWAY EVENTS _____
OTHER _____

Authorizing Signature: _____

Date: _____

SCRHA asks for this information to use as data on the demographics of the association when completing reports and grants. **No** personal information (name, age, address, etc.) is disclosed, it is used to verify information for High Point Awards and as percentages in compiling membership data. It is much appreciated.

Dues are a contribution toward the operation of the association and are tax deductible under the IRS 501(c) 3 guidelines.

Please return completed application and membership fees to:

Scott County Regional Horse Association
Carla Osborne
2664 River Bluff Rd.
Fort Blackmore, VA. 24250

Make checks payable to: SCRHA

For Office Use Only			
Cash	Check _____	Date: _____	Recorded: ____ Mailed: ____