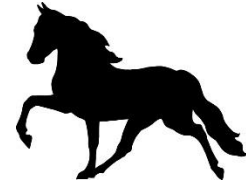


# Scott County Regional Horse Association

## 2022 Membership Application



Please choose the appropriate membership option(s):

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

Adult \_\_\_\_\_ individual(s)  
\$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 <small>MUST designate an age division</small>	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:	Name:
Age Division: 12 & Under 13-17	Age:	Age Division: 12 & Under 13-17
Name:	Name:	Name:
Age Division: 12 & Under 13-17	Age:	Age Division: 12 & Under 13-17
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Mailing Address</b>   <small>(MUST have complete mailing address-please use P.O. Box or 911 address and include the zip code)</small> </div>		Name:
		Age Division: 12 & Under 13-17
		Name:
		Age Division: 12 & Under 13-17

Address:	Address:
Phone:	Phone:
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 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: \_\_\_\_\_