



Scott County Regional Horse Association

20__ Membership Application

***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/4H _____ individual
\$8.00 per youth (17 and under)

Adult _____ individual
\$10.00 per adult (18 and over)

*FAMILY _____
\$25.00*

_____*Individual Dual Membership with ISHA \$30.00

_____*Family Dual Membership with ISHA \$45.00

Youth MUST designate an age division	Adult	Family
Name: _____	Name: _____	Name: _____
T-Shirt Size: _____ Jacket: _____	T-Shirt Size: _____ Jacket: _____	T-Shirt Size: _____ Jacket: _____
Age Division: 12 & Under 13-17	Age: _____	Age: _____
Name: _____	Name: _____	Name: _____
T-Shirt Size: _____ Jacket: _____	T-Shirt Size: _____ Jacket: _____	T-Shirt Size: _____ Jacket: _____
Age Division: 12 & Under 13-17	Age: _____	Age: _____
		Name: _____
** A membership form, with appropriate fees, MUST be completed and on file with the** **SCRHA Secretary: Carla Osborne to be valid**		T-Shirt Size: _____ Jacket: _____
		Age Division: 12 & Under 13-17
		Name: _____
		T-Shirt Size: _____ Jacket: _____
		Age Division: 12 & Under 13-17
		Name: _____
		T-Shirt Size: _____ Jacket: _____
		Age Division: 12 & Under 13-17
		Name: _____
		T-Shirt Size: _____ Jacket: _____
		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 SCRHA Secretary Use Only!!

Cash _____ Check _____ PayPal _____ Date: _____ Recorded: _____ Mailed: _____