



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)

**Individual Dual Membership with ISHA \$30.00

Adult _____ individual

\$10.00 per adult (18 and over)

*FAMILY _____

\$25.00*

**Family Dual Membership with ISHA \$45.00

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

**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: _____