SBRAA MEMBERSHIP APPLICATION

NAME_____ApHC#_____

SPOUSE_____ApHC#_____

IF YOUTH OR FAMILY MEMBERSHIP, PLEASE LIST THE YOUTH'S BIRTHDATE

YOUTH_____DOB_____/_____/_____ApHC#_____

YOUTH_____DOB____/_____/_____ApHC#_____

YOUTH_____DOB____/____/_____ApHC#_____

YOUTH_____DOB____/____/_____ApHC#_____

ADDRESS_____

CITY/STATE_____ZIP_____

TEL#_____CELL_____

EMAIL_____

FARM NAME_____

INDIVIDUAL MEMBERSHIP_____$15.00

FAMILY MEMBERSHIP_____$25.00

YOUTH MEMBERSHIP _____$10.00

TO QUALIFY FOR YEAR END CLUB AWARDS YOU **MUST** NOMINATE YOURSELF **AND** YOUR HORSE. FORMS ARE AVAILABLE ONLINE.

I AM INTERESTED IN THE FOLLOWING EVENTS:

( ) TRAIL RIDE ( ) LEE JACKSON SPRING FLING
( ) OPEN SHOWS ( ) LEE JACKSON CLASSIC
A CLINIC ON_____

I AM INTERESTED IN HELPING WITH:

( ) TRAIL RIDE ( ) LEE JACKSON SPRING FLING
( ) OPEN SHOWS ( ) LEE JACKSON CLASSIC
( ) A CLINIC

SEND APPLICATION TO: KAREN PENNINGTON
2545 BELSCHES RD
BUMPASS, VA 23024

DATE RECEIVED_____/_____/_____ NEW MEMBER ( ) RENEWAL ( )