

SOUTHERN STOCKHORSE ASSOCIATION

2024 Membership Application

Please fill out all fields

Date: _____

Name: _____

Membership type: _____ standard \$50 (expires 12/31 each year)
youth \$25 (expires 12/31 each year)
event \$25 (good for that show only)

YOUTH ONLY Date of birth: _____

YOUTH ONLY Responsible adult name + contact info: _____

YOUTH ONLY Prize checks payable to: _____

ALL MEMBERS

Address: _____

City, State Zip code: _____

Phone #: _____ Cell? YES NO OK to text? YES NO

Email address: _____

Trainer affiliation: _____

ARHA member? YES NO ARHA#

Please send completed form and check to:

Southern Stockhorse Association

1825 Lower Palmer Rd

Salisbury, NC. 28146