UNITED HORSEMEN
OF THE CAROLINAS

Membership Registration Form

Type of Application (circle one): **Family ($20.00-covers all members of the household)***
Single ($15.00-covers a single person)

Applicants Name: _____ Telephone: _____ DOB: _____

Address: _____City: _____State:_____ Zip: _____

Applicants email address: _____

Additional Member's Name	**Date of Birth**	**Email**	**Youth? (18 or under)**
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

Horse Registration: Please print the full name of every horse that you plan to exhibit at a UHC show, as you would print it on the class entry form at a show. **Points are accumulated from names of horse/rider combo as shown on the registration form**. Any discrepancy in the name of the horse may result in an incorrect calculation of points.

Horse Name	**Breed**	**Novice Horse?**	**Novice Rider?**
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No

PLEASE NOTE:

- In order to be eligible for Year End Awards, the rider/handler of each horse must be a member in good standing with UHC.
- A Novice Rider or Horse is a rider or horse who has not yet received five (5) first place awards other than in Halter classes before January 1st of the current year in any division in any show except and awards won before the exhibitor is 11 years old. Any 1 horse classes will be exempt from counting towards the 5 1st place rule.
- Points will be calculated from the date that the membership form is submitted, pending board approval.
- If a youth is joining as a single member, a parent/guardian signature is required on the application as well as the youth. A medical release form will also need to be filled out by the parent/guardian for each youth member, to be kept on file with the membership and used at any UHC function for medical release purposes only.
- If a youth is joining, do you give UHC permission to use their information to participate in group outings, meetings, charitable giving and eligibility for yearend prizes? **Circle One: Yes No**
- If joining by mail, please submit application, payment (**checks or m/o made payable to UHC**), and all applicable documents to:

UHC Membership Secretary
3314 Lebanon Road
Efland, NC 27243

For Office Use:
Date form received: _____ Membership Fees Paid with (circle one) Cash Check(#)_____)