



# 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

**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

**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 1<sup>st</sup> 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 1<sup>st</sup> 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(##)\_\_\_\_\_