



SCCAHA Membership Form

Date Joined: _____ Membership Number: _____ Renewed: Y or N
 Name: _____ Phone #: _____
 Address: _____
 City: _____ State: _____ Zipcode: _____
 Email: _____

Name of Family Member	Age as of 1/1/2021	Birth Date	Student

Family Memberships consist of parent or guardian with all minor children and includes those children up through ages 24 currently in higher education. If not in higher education, children 18 years and older should have their own membership.

I assume full responsibility for accident and/or injury to myself, my family, or my horse(s) while participating in the S.C.C.A.H.A

Signature of Adult

Member _____ Date _____

Membership Fee: \$20 per Family or Early bird membership of \$15 per Family by June 30th.

Make Checks payable to SCCAHA

Mail completed Forms to: **Terri Burch**
8435 Wildcat Road
Jeddo, MI 48032