



SOUTHERN STOCKHORSE

2019 Membership Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email Address: _____

| Family Members: | DOB | Youth Age as of Jan 1 , 2018 |
|-----------------|-------|---------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Application and Checks to be mailed to:
 Southern Stockhorse Association
 % Sally Smith
 508 10th Ave
 Conway, SC 29526

Membership Type:
 Youth.....\$15.00
 Individual.....\$35.00
 Family.....\$50.00
 Daily.....\$15.00

Paid: Check# _____ Cash _____ PayPal _____