

# SOUTHERN STOCKHORSE ASSOCIATION

## 2018 MEMBERSHIP APPLICATION



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Family Members:	DOB	Youth Age as of Jan 1 , 2018
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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 \_\_\_\_\_