

# Horsemen's Association of Columbus County



## Membership Application

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

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

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

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

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

Type of Membership:     Family \$40.00     Individual \$25.00     Youth (under 18) \$20.00

If applying for a family membership, please list additional names of family members and their date of birth. A family membership is defined as people living at the same address.

Name	Date Of Birth

*Note: Membership fees are due in January of each year.*

My interests include: (please check all that apply)

- Shows     Trail Rides     Educational Seminars     Clinics  
 Other: \_\_\_\_\_

I would interested in serving as:

- Board Member     Committee Member     Show Volunteer

Comments & Suggestions: \_\_\_\_\_

Mail application form with payment to:

HACC

P.O. Box 976

Whiteville, NC 28472

(HACC Office UseOnly):

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

Check# \_\_\_\_\_

Amount: \$ \_\_\_\_\_

ML     MCS     MBL