

**HORSEMEN'S ASSOCIATION
OF COLUMBUS COUNTY
Membership Application**



Name: _____

Type of Membership: (circle one) Family or Individual

Street Address, City, State, Zip:

Phone #: Home Work Cell

Emergency #: _____

E-mail address: _____

Dues are \$25 per membership.

Interests: _____

Mail the application and your check to: HACC
P.O. Box 271
Bolton, NC 28423

Signature _____ Date

Printed Name _____

Please list additional names of membership if you have a family membership. A family membership is defined as people living at the same address.

Note: Membership fees are due in January of each year. Membership fees must be paid each year before show points accumulate.