

**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.**  
This entitles you to one vote 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.***