



KANAWHA VALLEY HORSEMEN'S ASSOCIATION
2018 MEMBERSHIP FORM

Name: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Email Address: _____

Barn Affiliation (*if any*): _____

For Family Membership, please list names of all members in immediate family living at the same household address. Birth dates of all juveniles (*including year*) must also be listed.

1 _____

2 _____

3 _____

4 _____

January 1 - December 31, 2018

Membership Rates

Family Membership.....\$40
Individual Membership.....\$25 (*19 years and older*)
Juvenile Membership.....\$25 (*18 years and younger*)

A check payable to KVHA for membership must be submitted prior to showing for points qualification.
Please refer to our website for membership details. Your canceled check is your receipt.

Please mail check and membership form to: KVHA, P.O. Box 1189, Charleston, WV 25324

Enclosed is payment of \$ _____

Date Received: _____ Received By: _____ Payment: \$ _____ Check #: _____