



KANAWHA VALLEY HORSEMEN'S ASSOCIATION 2019 FAMILY MEMBERSHIP FORM

Name of Responsible Party: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Email Address: _____

Barn Affiliation (if any): _____

For Family Membership, please list names of all riding 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, 2019 Membership Rates

Family Membership.....\$40

A check payable to KVHA for membership must be submitted prior to showing for points qualification. Electronic membership forms and PayPal are also accepted through the KVHA website: **KVHAshow.net**
Your canceled check or PayPal confirmation email is your receipt.

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

Enclosed is payment of \$ _____ Check # _____

Date Received _____ **Received By** _____