



Kanawha Valley Horsemen's Association 2021 MEMBERSHIP FORM

Primary Name on Membership: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Email Address: _____

Barn Affiliation (*if any*): _____

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 _____

January 1 - December 31, 2021

Membership Fee

\$40

Payment for membership must be submitted prior to showing for points qualification.

PayPal is also accepted through the KVHA website at www.KVHAshow.net however a completed application form must also be submitted if paying by PayPal.

Your canceled check or PayPal confirmation email is your receipt.

Check and membership form can be mailed to: KVHA, P.O. Box 1189, Charleston, WV 25324

Enclosed is payment of \$ _____ Check # _____

Date Received _____ **Received By** _____

Kanawha Valley Horsemen's Association PO Box 1189 Charleston, West Virginia 25324
Visit us at: KVHAshow.net