



THE SPARTANBURG HORSEMAN'S ASSOCIATION

Post Office Box 2283

Spartanburg, SC 29304

APPLICATION FOR MEMBERSHIP 2019

MEMBERSHIP FEE \$10.00 per Household (Renews every February)

Please complete this application (**PRINT NEATLY**) and mail to the above address with membership fee OR present to a board member at the booth.

Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Newsletter E-mail Address: (Print Neatly)

I agree, by listing address above, to receive any club information via email.

Type of Membership: Please check appropriate box:

() New () Renewal () Honorary () Blue Ribbon

First name of each member: _____

(Mr.)

(Mrs.)

Children: _____

Horses Owned: _____

Type of Horses: _____

I hereby apply for membership in the Spartanburg Horseman's Association and agree to abide by club by-laws if accepted for membership.

I agree that my name and address may be given to SHA sponsors for purposes of being placed on their mailing lists.

I agree that the names, address and phone number on this form may be published in the SHA Membership Directory.

Date: _____

(Signature)