



Appalachian Walking & Racking
Horse Association

2024 Membership Form

AWRHA@yahoo.com; "Like" us on Facebook!

P. O. Box 706

Charleston, WV, 25323

Info: Carla Parsons (304) 545-7478

Applicant's Name and Address:

Single Membership

_____ \$25.00

Family Membership

_____ \$40.00

****Please use your full mailing address****

A family membership is limited to parents and 4 dependents, each additional member on the application is \$5.00. Special circumstances will be reviewed. Please list all family members below along with their respective date of birth.

Telephone : _____ Email Address: _____

Name _____ Date of Birth _____ Shirt/Jacket Size _____

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- *Appalachian Walking & Racking Horse Association ("AWRHA") reserves the right to deny membership for any person who does not accept the bylaws and rules of AWRHA.*
- *AWRHA also reserves the right to cancel membership of any member who flagrantly violates the established bylaws and rules of AWRHA as deemed appropriate by the Officers of AWRHA.*
- *All memberships will be reviewed and approved by the Officers and/or Board of Directors.*
- *Anyone 18 years old and over as of January 1, 2024, must have an individual membership.*
- *Membership applications must be received by June 30, 2024, to be eligible for high point awards.*
- *Owner and rider listed on entry sheets must ALL be members to be eligible for high point awards.*
- *Memberships are for the calendar year (January thru December).*
- *You must be a member to be eligible to vote at the General Membership meeting.*

Make Checks Payable to Appalachian Walking & Racking Horse Association:

Internal Use Only:

Date Received: _____ Payment Type: Cash _____ Check Number: _____ Amount: _____