



MEMBERSHIP APPLICATION

Date: _____

Name: _____

Birthdate (optional): _____

Family Members (if applicable):

Address: _____

Phone: _____

Email: _____

Annual Membership Type Requested (check one)

Individual \$20.00 _____

Family \$35.00 _____

Dues are due September 1st and cover membership from September through August of the following year.

I would like to be considered for membership into the Pamlico County Horseman's Association. I agree to abide by the Guidelines and By-Laws of the club. I also agree to hold harmless the club, its officers, volunteers and property owners for any injury, property damage or death incurred while using the PCHA arena property.

Signature(s)

Please return to: PCHA, PO Box 13, Grantsboro, NC 28529