



# St. Clair County Arabian Horse Association

## 2017 Application for Membership

Date Joined \_\_\_\_\_ Member Number \_\_\_\_\_ Renewal: Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Farm Name \_\_\_\_\_

Email \_\_\_\_\_

Age

Rider

Name of Family Members

1/1/17

Student

Birth date

Yes No

Name of Family Members	1/1/17	Student	Birth date	Yes	No

Family Memberships consist of parent or guardian with all minor children and includes those children up through ages 24 currently in higher education. If not in higher education, children 18 years and older should have their own membership.

I assume full responsibility for accident and/or injury to myself, my family, or my horse(s) while participating in the S.C.C.A.H.A

Signature of Adult Member \_\_\_\_\_ Date \_\_\_\_\_

Membership Fee: \$20 per Family or Early bird membership of \$15 per Family by March 31<sup>st</sup>.  
**Make Checks payable to S.C.C.A.H.A.**

Mail completed Forms to: Lisa Remy  
830 Virginia Ave.  
Marysville, MI 48040