

2016 CVMHA Member Application

Circle Membership Type: Family \$20 Single \$15

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

May we list your address, phone, and e-mail on the club member list? Yes No

Interests (please check all that apply)

Riding: Showing Clinics Pleasure Western Dressage
 Hunters Eventing Gymkhana Competitive Trail

Driving: Showing Clinics Pleasure CDEs Dressage
 Marathons Competitive Trail

Other : Breeding Training Sales Boarding Other (specify)
 Instructor Tack/Feed Sales

When are you available to help at the Memorial Day weekend show?

Friday Saturday Sunday

Other memberships (please check all that apply):

AMHA USEF USHJF ADS USDF USEA 4-H
 LCAC FTR Dannemora Riding Club USPC ECTRA

Please make checks payable to: **CVMHA**

Send to: Katie Ballard, c/o Miner Institute, PO Box 90, Chazy, NY 12921

In becoming a member of the Champlain Valley Morgan Horse Association, I agree to provide my animals a sufficient quantity of nutritious food and water, necessary veterinary care, and a suitable environment to maintain their health.

Signature: _____

Date: _____