



## Virginia Walking/Racking Horse Owners Association

"Promoting the Walking, Plantation, Racking, Pleasure & Spotted Horse in Virginia"

### Membership Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

- Membership Type:  Individual (18 yrs. old & over) \$20.00  
 Family (husband & wife + family members under the age of 18) \$40.00  
 Youth (17 yrs. old & under) \$10.00

If Family Membership, please list names and ages of other family members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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I hereby agree to abide by the rules of the Virginia Walking/Racking Horse Owners' Association as set forth by the Association By-Laws and Points Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please make checks payable to "VWRHOA" and mail to:  
Peggy Cunningham, VWRHOA Points Secretary  
378 Alcock Road  
Amherst, VA 24521

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For use by Secretary/Treasurer:

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Ck. #: \_\_\_\_\_