



Virginia Walking/Racking Horse Owners Association

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

2024 Membership Application

Name: _____ Age: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Preferred Form of Communication: Email Text Direct Mail

Membership Type: (Check one)

Individual (18 yrs. old and over)
\$25

Family (2 adults and up to 5
youth under the age of 18)
\$50

Youth (17 yrs. old and under)
\$15

Date of Birth: _____

For Family membership, list full names and
ages of other family members:

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 _____

Please make checks payable to "VWRHOA" and mail to:

VWRHOA
PO Box 94
Chatham, VA 24531

To pay with Credit Card,
send request to email:
vwrhoa.manage@gmail.com

For use by Treasurer: Date Received: _____ Amount Received: _____ Check #: _____