



Virginia Walking/Racking Horse Owners Association

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

2025 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)
\$30

Family (2 adults and up to 5
\$60 youth under the age of 18)

Youth (17 yrs. old and under)
\$20

Date of Birth: _____

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

Membership dues are due by February 2, 2025.

If dues are delinquent, a late fee of \$10.00 will be charged.

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 10148
Danville, VA 24543

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