Virginia Walking/Racking Horse Owners Association

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

2026 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, 2026
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