

Border Belt Horseman's Association

Membership Form



Type of Application (please check one):

Family Membership- \$20.00 _____

Individual Membership- \$10.00 _____

Do you wish to be eligible for year-end awards?

End of Year Awards Eligibility-\$15.00: _____

Total Due: _____

Date form was received: _____ **Paid by:** Check ___ (ck# ___) Cash ___ Tab ___

Member Name	Date of Birth	Mailing Address	Email	Phone Number

*If a youth is joining as a single member, a parent/guardian signature is required on the application as well as the signature of the youth.

*As a member of BBHA you consent to the use of your picture on the following: the BBHA website, BBHA newsletter, BBHA Facebook page. Please check one:

Yes _____ or No _____

*If you are sending in your membership form by mail, please submit your application, payment (checks made payable to BBHA), and all related documents to **Linda Falls at 2668 N. Chicken Rd Pembroke, NC 28372 or email her at lindafalls1@aol.com.**

Member signature: _____ Date: _____

Youth signature: _____ Date: _____

