

To receive your **Membership Packet** and be added to **SCHC Membership Roll** please return this form to info@schorsementscouncil.org By your signature below you agree to join **SCHC email list** at <http://eepurl.com/RomJP> You may opt out at any time by Unsubscribing.



Membership Application Form



New Member Renewal

(PLEASE Print clearly)

Name _____

Address _____

County _____

E-Mail Address _____ Phone _____

In which District do you reside? (above photo) 1__ 2__ 3__ 4__ 5__

Membership Classifications (check one)

Individual Membership (1 vote) of \$20 Association/Non-Profit \$35 (3 votes)
 Family Membership (2 votes) of \$30 Life – Individual \$200 (1 vote)
 Youth Membership \$10 (No vote) Life – Family \$300 (2 votes)
 Farm Membership \$35 (3 votes) Life – Farm \$350 (3 votes)

Organization Membership Discount \$10 (1 vote) Affiliation: _____

(Dues/contributions are non-refundable)

Insurance

Individual Insurance \$20 Family Insurance \$40

The insurance provided is in cooperation with Equisure (the agent) and is not a source of revenue for the SCHC. See our website for more information.

You may pay using PayPal, via website, or by check made payable to **The SC Horsemen's Council**.
PLEASE Mail check and this form to: Donna Patterson 902 Berkeley Drive, Clemson, SC 29631 or
Email this form to info@schorsementscouncil.org **Questions** call Wendy Manos 803.413.5844

What is equine area of interest: _____

Breed / Discipline: _____

Area of interest in SCHC: _____

Special talents you have: _____

Are you interested in becoming a volunteer? If so, what area _____

Link to the SCHC website Web address: _____

WARNING:

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976. My participation in any and all activities sponsored or promoted by SCHC is purely voluntary, and I elect to participate in spite of the risks. I have read, understand and accept these terms and conditions, as is evidenced by my signature below. *Your signature below gives SCHC the approval to add you to our mailing list and entitles you to all rights/responsibilities as a member of South Carolina Horsemen's Council.*

Signature _____

Date _____

www.schorsementscouncil.org

The South Carolina Horsemen's Council is a 501(c) 3 non-profit organization.