



2025 Membership Application Form

To receive your Membership Packet and be added to SCHC Membership Roll please return this form to info.schorseouncil@gmail.com

New Member Renewal

Name _____

Address _____ City _____

County _____ State _____ Zip _____

Email Address _____ Phone _____

Membership Classifications (check one)

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

Affiliation: _____

(Dues/contributions are non-refundable)

Insurance -

See our website for more information

Individual \$28 Family Insurance \$48

The insurance provided is in cooperation with Equisure (the agent) and is not a source of revenue for the SCHC. You may pay using PayPal, via website, or by check made **payable to The SC Horse Council**.

You may Mail check and form to:
Guy Hanna 7 Clevington Ct., Simpsonville, SC 29681

or email to: info.schorseouncil@gmail.com

Questions? call Merry Roberson 864.915.6350

What is your 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: [_schorseouncil.com](http://schorseouncil.com) _____

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."

Signature _____ Date _____