



2026 Membership Application Form

version: 1-6-25

To receive your Membership Packet and be added to SCHC Membership Roll, please return this form to *info.schorseouncil@gmail.com* or mail to:
SC Horse Council Membership
7 Clevington Ct, Simpsonville, SC 29681

New Member Renewal

Name _____

Address _____ City _____

County _____ State _____ Zip _____

Email Address _____ Phone _____

Membership Classifications (check one)

Individual Membership (1 vote) of \$20

Life – Individual \$200 (1 vote)

Family Membership (2 votes) of \$30

Life – Family \$300 (2 votes)

Youth Membership \$10 (No vote)

Life – Farm \$350 (3 votes)

Farm Membership \$35 (3 votes)

Organization Membership Discount \$10 (1 vote)

Association/Non-Profit \$35 (3 votes)

Affiliation: _____

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: _____

Insurance has changed - Do Not Send Us a Check

The insurance is now provided directly with Equisure (the agent) through our website.

To pay access Equisure via our website link: <https://schorseouncil.com/join/#equisr>

Questions? call Merry Roberson 864.915.6350

See our website for more information.

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 _____