2026 Membership Application Form

version: 7-16-26

To receive your Membership Packet and be added to SCHC Membership Roll, please return this form to *info.schorsecouncil@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

_____ 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: _____

{optional}

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_____

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://schorsecouncil.com/join/#equisr

Questions? call Merry Roberson 864.915.6350

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 _____