

# **SOUTHERN OREGON HORSE ACTIVITIES (S.O.H.A.)**

## **2007 Membership Application**

*Please circle the appropriate membership type.*

*Please circle the appropriate membership category.*

**Membership #** \_\_\_\_\_

**New**

**Renewal**

**Single (\$20)**

**Family (\$25)**

*Please Print Legibly the Information noted below*

\_\_\_\_\_  
Last Name, First Name(s)

(     )

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Farm Name

(     )

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
E-mail Address

Additional Names to be listed under this membership, separated by commas (please indicate dates of birth)

I realize I am competing in a risk sport. I recognize that as a member of S.O.H.A., a non-profit organization, my family members & I are subject to the rules of Southern Oregon Horse Activities (S.O.H.A.) and By-Laws. I further understand that neither the organizers or officers of S.O.H.A. accept any responsibility for accidents, damage or illness to the horses, owners, riders, show staff, spectators or all other persons or property owners connected with S.O.H.A. equine events or activities.

**\*\* All Oregon Inherent Laws Apply — ORS §30.687 - 30.697 \*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18 years of age)

\_\_\_\_\_  
Date

***Member participation is vital to the continuation and success of S.O.H.A.***

***Please circle areas in which you may be willing to work.***

- |                            |  |
|----------------------------|--|
| 1. <u>Office</u>           | Entries, Class Sheets, Points/Computer, Points/Written, Ribbons, Runner.                     |
| 2. <u>Arena/Garden</u>     | Announcer, Scribe, Ribbons, Show Steward, Trail Course set-up, Garden Setup/Take-Down, Gates |
| 3. <u>Barn</u>             | Barn/Stall manager   |
| 4. <u>Trail</u>            | Entries, Food/Drink setup, Setup Trail Course/Take-Down, or Lay Judge Trail Trial            |
| 5. <u>Other Activities</u> | Committees, Memberships, Newsletter, Website, etc...   |



Please remit membership application and dues payable to:

**S.O.H.A. Memberships**  
**P.O. Box 1414**  
**Grants Pass, OR 97528-0118**

**S.O.H.A. OFFICE USE ONLY**

|                         |       |
|-------------------------|-------|
| Payment Method:         | _____ |
| Received by:            | _____ |
| Date Received:          | _____ |
| Membership Card Issued: | _____ |