

VERMONT HUNTER JUMPER ASSOCIATION

Colleen Mackin, 202 Sunset Circle, Georgia, Vermont 05468

2024 Membership Application

The Vermont Hunter Jumper Association (VHJA) membership year begins December 1st. All memberships, except for Life Memberships, expire on 30 November. The effective date of the membership is the date on which the completed application with applicable dues are postmarked, paid online, are provided to the show manager at a VHJA sanctioned Horse Show, or are provided to the VHJA secretary at a VHJA sanctioned event (i.e., Banquet, membership luncheon, education clinics). No other method is acceptable. By submitting this application, you agree that the information provided is accurate, that any photographs taken of you (or your child/ren) at any VHJA sanctioned event or VHJA sanctioned Horse Show may be used by VHJA in any VHJA publication, website or for VHJA marketing purposes. You agree to abide by the Constitution, By-laws and Rules of VHJA. You recognize that VHJA is an equine activity sponsor and under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. 1039.

Membership Fees/Information

Junior – Under 18 as of 12/1 of the previous year —No Vote _____ \$35.00
Individual – An adult 18 years of age or older by 12/1 of the previous year -One Vote _____ \$45.00
Family – Up to two adults and their children who have not reached the age of 18 as of 12/1 of the previous year – One Vote Per Adult _____ \$60.00
Life – One Vote _____ Renewal - \$0.00 _____ \$225.00
Trainer – One Vote _____ \$30.00
One-Day Show Fee (Finals participation only. No Medals. No year-end award points will be recorded.) _____ \$10.00
Affiliate Farm** (Included one [1] Trainer Membership. Trainer must sign form below) _____ \$50.00
Only \$25 for barns that are also Silver Medal Sponsors \$ _____

Personal Information (Please Print Clearly)

Name(s): _____ Phone: _____
Address: _____ City/State/Zip: _____
Trainer/Farm(Required): _____
Email address: _____

Equitation Rider Information

*****Please Include All Riders Names Wishing to Receive Equitation Points for the Year-End Awards*****

VHJA # Rider's Name Date of Birth (must be included)

Horse Recording Information

***** Horse/Pony Must be Recorded to Receive Hunter and Jumper Points for the Year-End Awards*****

EACH HORSE/PONY - \$10.00

VHJA# Horse/Pony SHOW Name Owner(if different) Age Sex Color Size

\$ _____

* HARD COPY OPTION: All Membership Cards will be emailed. Please check here if you require a hard copy in the mail. _____

• PHOTOGRAPH OPTION – I decline to allow VHJA to use my image or that of my junior rider. _____

• VHJA SUPPORT - I am providing an additional deductible contribution to support VHJA goals. \$ _____

• PROGRAM DONATION: I would like to donate \$ _____ to the Cloverleaf/ Higher Education Scholarship/ Sarah Hadley.

Total Amount Due VHJA \$ _____

SIGNATURE (Minors require Parent/Guardian Signature): _____ Date: _____