



ESSCHSA Membership Form

Year: _____

Membership Type: Single (\$15.00) Family (\$25.00)

Member Information:

Name: _____ Date of Birth: _____

Address: _____

City, State Zip: _____

Phone: _____ Email: _____

If member is a minor, please list names of parents/guardians:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Other Family Member Information:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

ESSCHSA points begin to accrue from the time the membership is paid. Any points obtained prior to a paid membership will not count towards year-end awards.

**Forms may be turned in at any ESSCHSA meeting or sanctioned show or mailed to:
Michelle Surran, P.O. Box 204, Nassawadox, VA 23413**

ESSCHSA Use Only

Date Membership Paid: _____

Membership Type: _____

Amount Paid: _____

Payment Type: Cash Check Number _____