

2019
SOUTH CENTRAL HACKNEY ASSOCIATION, INC.
www.southcentralhackney.com
Membership Application

Name: _____ Phone: (____) _____

Address _____

City _____ State _____ Zip _____

Email _____

Family Members: _____

Individual - \$15.00

***Family - \$20.00**

**Family is husband, wife, and children under 18 yrs. (List all members showing)*

**Owner and Exhibitor must be members to qualify for High Points Competition*

Preferred form of communication: (Circle one) **phone -- text -- email -- snail mail*

Send to: SCHA
Emily W. Marshall
5029 West Parry Lane
Maysville, KY 41056

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