

Membership Renewal



Please Print

Name of your club or organization: _____

Mailing Address: _____ City _____

State _____ Zip _____ Website: _____

Is the organization incorporated? Yes No 501c3 Not-for-Profit For Profit

What is the purpose of the organization?

Civic/Social Pony Club Breed Club 4H Driving Therapeutic

Sport (polo, dressage, jumping, endurance, etc) Other (please describe) _____

Current President/Director/Leader: _____ Title _____

Mailing Address: _____ City _____

State _____ Zip _____ Email Address: _____ Phone: _____

What do you feel is the most important challenge facing your equestrian community today?

How can the NVCEO help your organization? _____

Name, address, phone and email of up to three delegates. (Delegates can change at any time)

Delegate #1 (Voting)	Delegate #2 (Voting)	Delegate #3 (Alternate)
Name: _____	_____	_____
Address: _____	_____	_____
City: _____	_____	_____
State/Zip: _____	_____	_____
Phone: _____	_____	_____
Email: _____	_____	_____

Annual renewal fee (calendar year) \$25

+ any additional donation _____ = _____

Please make your checks payable to the NVCEO and mail your application to:

NVCEO, P.O. Box 1971, Centreville, VA 20122-1971