



Membership Nomination

Membership Category (check one)

Family* _____ Initiation Fee -\$954.00(\$477.00 quarterly dues)
Single* _____ Initiation Fee- \$742.00 (\$371.00 quarterly dues)
Hunt Supporter* _____ Initiation Fee - \$212.00 (\$106.00 quarterly dues)

**Initiation Fee and 1st quarter dues required at time of Membership Application*

Junior** _____ \$265.00 per year
Groom** _____ \$265.00 per year, Sponsor _____
Professional** _____ \$530.00 per year
Associate Member** \$530.00 per year (must live outside of PAH hunt territory and be a member in good standing of an MFHA recognized hunt for 3 years)

***** (Junior, Groom, Professional and Associate Memberships, must be paid in full at time of application)***

Please indicate how you prefer your dues to be invoiced: Yearly ___ Quarterly ___ Monthly ___

Please indicate Initiation/Dues Payment Method: Check# _____ Credit Card _____

Please indicate any special circumstance with your payment for Membership _____

Send completed form, with necessary payment and forms to the PAH Membership Chairman:

Robin Somers-Strom
618 Woodland Rd.
Hopewell, Va. 23860

rsomersstrom@gmail.com
703-431-7807 text or call

NOMINEE INFORMATION:

Date: _____

Candidate's Name: _____

Sponsor's Name: _____

Date of Birth _____ Email _____

Home Address _____

Home Phone _____ Office Phone _____

Fax _____ Mobile _____

Employer _____ Occupation _____

Spouse's Name _____

Spouse's Employer _____ Occupation _____

Spouse's Email _____ Office Phone _____

Fax _____ Mobile _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Horse's Name _____ Current Coggins (y/n) _____ Date _____

Age _____ Mare _____ Gelding _____ Current Rabies (y/n) _____ Date _____

Horse's Name _____ Current Coggins (y/n) _____ Date _____

Age _____ Mare _____ Gelding _____ Current Rabies (y/n) _____ Date _____

Horse Stabling Address (if different from applicant's)

Name of Facility _____

Address _____

Contact Information _____

What has your horse been used for in the past? Please check applicable activities and give some brief details of your horse's involvement (length of time, level of any showing, etc.).

 Fox Hunting

 Trail Riding

 Dressage

 Jumping

 Eventing

PERSONAL INFORMATION

In which PAH activities have you participated?

Trail Ride _____ Stirrup Cups _____ Hill Topping _____ Hunting _____ Hunt Ball _____ Hunt Clinic _____

Other Horse Organizations _____

Committees Served/Position Served _____

Name and Contact Information of Organization _____

Professional and/or Non Profit Organizations _____

Committees Served/Position Served _____

Name and Contact Information of Organizations _____

As an all-volunteer organization, members are expected to contribute their time at least 1-2 times per year on an event team. Additionally, if you have other skills/talents you can share, please list them here (examples include horse training knowledge, finance, computers, event planning, writing, social media, a venue or hunting fixture, etc):

If Applying for a Professional Membership, please answer below:

Type of professional experience past and present: Training _____ Instruction _____ Boarding _____
Other _____ Years _____

Location _____ Is your income 100% Horse Business related? yes _____ no _____ explain _____

FOR JUNIOR NOMINEES UNDER 26 YEARS OF AGE

Parent(s)/Guardian(s) Name _____ Birth Date _____

Address: _____ Email _____

Phone (h) _____ (w) _____ (mobile) _____

Employer/Higher Education _____ Occupation _____

Address _____

SPONSOR INFORMATION

Please complete this section and attach a letter of recommendation. The Sponsor is responsible for making sure that the applicant knows the rules of foxhunting, is safe in the hunt field, is a good representative of the Hunt and will answer any and all questions that the applicate may need. If applicant does not know any member on PAH , the applicant needs to be approved by the Masters and Membership Chairman.

Proposed by:

Seconded by:

Signature

Signature

Please Print Name

Please Print Name

Please list those Board Members familiar with the nominee _____

For More Information on PAH, please go to princessannehunt.org.

The undersigned candidate confirms that the information contained herein is true, and correct and consents to his/her being nominated for membership.

Candidate Signature

BOARD COMMENTS/DISCUSSION:

Date Submitted _____ **Approved** _____

Levels of Membership

FAMILY MEMBERSHIP (F) – Family memberships shall consist of husband and/or wife, and all dependent children when there is more than one rider in the family who intends to follow hounds on horseback. A dependent shall be defined as any relative below the age of (26) residing in the household of a member, and relying on the member for at least one-half (1/2) of his or her support. The husband and/or wife shall each be entitled to one (1) vote. Cub hunting will be permitted at the invitation of the Master of Foxhounds.

Initiation Fee - \$954

Quarterly Dues - \$477.00

SINGLE MEMBERSHIP (S) – Single members shall consist of those over the age of twenty-five (25) who are the sole riding participants in a family. A single member's spouse and dependents (as defined above) shall have all the privileges of the Corporation, except the right to vote or follow hounds on horseback. Only the riding member shall enjoy that privilege. Cub hunting will be permitted at the invitation of the Master of Foxhounds.

Initiation Fee - \$742

Quarterly Dues - \$371.00

PROFESSIONAL MEMBERSHIP (P) – A Professional membership shall be an annual membership (i.e. subject to annual renewal by the board of directors), consisting of an individual whose PRIMARY source of income is training and/or boarding horses, or teaching equitation and who intends to follow hounds on horseback. (Any professionals that would be IN question would be at the discretion of the board) With the permission of the Master of Foxhounds, a Professional Member may bring his/her students as guests. Student guests may, upon payment of full cap, hunt two (2) times per season [note: if a student is considering joining and desires more than two hunts to try out the sport of mounted foxhunting, then additional Caps may be permitted upon approval of the Master of Foxhounds]. Professional Members shall have all the privileges of the Corporation except earning colors, staff positions or the right to vote. Cub hunting will be permitted at the invitation of the Master of Foxhounds. Please note that dues must be paid in full at the time of application.

Initiation Fee - none

Annual Dues - \$530

GROOM MEMBERSHIP (G) – A Groom membership shall be an annual membership (i.e. subject to annual renewal by the board of directors), consisting of an individual who is employed by a Family Member or Single Member in good standing for the care, training, and/or exercising of the Member's horses; and who intends to follow hounds on horseback. Grooms should generally ride toward the rear of the field. The Groom may ride the member's horse near or at the front of the field by Invitation of the Field Master. A Groom Member shall have all the privileges of the Corporation except earning colors, staff positions or the right to vote.

Cub hunting will be permitted at the invitation of the Master of Foxhounds. Please note that dues must be paid in full at the time of application.

Initiation Fee - none

Annual Dues - \$265.00

HUNT SUPPORTER (HS) – Hunt Supporters shall consist of members who wish to demonstrate their interest in and support of fox hunting through participation in such portions of the hunt as the Stirrup Cup, Hill-topping, Breakfasts, and other social events. Hunt Supporters may, upon payment of full cap, hunt two (2) times per season. Hunt Supporters shall be entitled to all other privileges of the Corporation except the right to vote.

Initiation Fee - \$212

Quarterly Dues - \$106.00

JUNIOR MEMBERSHIP (J) – Junior members shall consist of those twenty-six (26) years of age and under who are not included in a Family Membership. They shall have all the privileges of the Corporation except the right to vote. Cub hunting will be permitted at the invitation of the Master of Foxhounds. Please note that dues must be paid in full at the time of application.

Initiation Fee – none

Annual Dues - \$265.00

ASSOCIATE MEMBERSHIP (A) – An Associate membership shall be an annual membership (i.e. subject to annual renewal by the board of directors), consisting of an individual who does not reside in the corporation's territory; who is a member of an MFHA-recognized hunt, and has been for a period of at least 3 years; and who intends to follow hounds on horseback. An Associate Member shall have all the privileges of the Corporation except earning colors, staff positions or the right to vote. Cub hunting will be permitted at the invitation of the Master of Foxhounds. Please note that dues must be paid in full at the time of application.

Initiation Fee - none

Annual Dues - \$530.00

PAH AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

I request permission to participate in cross-country riding and foxhunting with PRINCESS ANNE HUNT.

I fully understand that cross-country horseback riding and foxhunting (which includes riding over fences, across roads, other obstacles, and steep rough terrain) are very dangerous activities. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks of injury (including death) to me or my property.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against PRINCESS ANNE HUNT, or it's MASTERS, EMPLOYEES, OR GUESTS OR ANY LAND OWNERS, LANDHOLDERS OR OTHER PERSONS MAKING PROPERTY AVAILABLE FOR PRINCESS ANNE HUNT, for any injury (including death), to me or any damage to my property whether from anyone's negligence or not, or any other cause, arising out of my participation in these dangerous horseback riding, fox hunting or related activities; and I also agree if anyone makes any claims because of any injury to me (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

DATE _____ SIGNATURE _____ PRINT NAME _____

Address _____ Phone Number _____

Guest of _____ Parent signature (if under 18) _____ Date of Birth _____

EMAIL ADDRESS _____

HORSE COGGINS INFO

Lab Acces. # _____ Horse Name _____ Test Date _____ State _____

HUNT LICENSE

Virginia Hunt License Number _____ Date _____

MEDICAL RELEASE

In case of Emergency Notify _____ Phone Number _____

Preferred Hospital _____ Doctor's Name _____ Phone _____

Current Medical Condition _____ Medications _____ Allergies _____

HORSE INFO Veterinarian _____ Phone _____

I authorize emergency medical treatment for my horse, myself, and understand that medical personnel other than those listed above may administer this treatment.

Signature _____ Print Name _____ Date _____

PAYMENT METHOD circle one CASH CHECK # _____ INVOICE

Contact: Cynthia Porter, PAH Honorary Secretary

cpirate04@yahoo.com

3436 N. Riverside Dr.

Lanexa, Virginia 23089

