

Therapeutic Riding Association of Virginia (TRAV)
"Supporting the Industry...Educating the Community"

Individual Membership Form

Name: _____

Telephone _____(H) _____(C)

Home Address: _____

Email: _____

Are you currently a member of NARHA? Yes ___ No ___

NARHA Member Number _____

What type of NARHA certification do you have? _____ Instructor: Registered ____, Advanced ____, Master ____
Hippotherapy ____, Driving ____, Vaulting ____

Center Affiliation Information

Center Name _____ Center Director _____

Center Phone (____) _____ Center Location _____

Is the center a NARHA Member? Yes ___ No ___ If yes, what type of member? Accredited ___ Member Center ___

Note:

- Dues and membership are based on the calendar year and due in March
- Only individual members have voting rights
- TRAV membership is separate from NARHA membership

Individual membership dues: Individual \$20 _____ Jr.(under 18) \$5 _____ Life Membership \$250 _____

Mail to:
TRAV
c/o Jenny Spain
3056 Tenerife Road
Catlett, VA 20119