



2025-26 SDHSRA Adult Membership Application



Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Date Submitted: _____

Please print and mail with \$10 membership fees to:

SDHSRA
Amy Johnson
13625 Rabbit Creek Pl
Reva, SD 57651

Venmo @SDHSrodeo

If you plan to attend the Fall Membership Meeting and wish to vote, please DO NOT mail this form after September 15th, 2025. Instead, purchase your membership onsite at the meeting.