



# PROFESSIONAL HORSEMEN'S ASSOCIATION OF AMERICA, INC.

## APPLICATION FOR MEMBERSHIP

I hereby make application for membership in the PHA

DATE \_\_\_\_\_ (Please print clearly & fill out completely)

NAME \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE ( ) \_\_\_\_\_ EVE PHONE ( ) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

(Person / Stable / Business)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_ FOR HOW LONG? \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

BENEFICIARY \_\_\_\_\_

(Professional Membership Only)

RELATIONSHIP \_\_\_\_\_

If accepted, I agree to abide by all the regulations and By-Laws governing the PHA.

Signature \_\_\_\_\_

Chapter \_\_\_\_\_

For Professional Membership, signature of 2 PHA Professional Members is needed:

\_\_\_\_\_

\_\_\_\_\_

Life - \$750.00 Donation to Scholarship Fund

Professional \$ \_\_\_\_\_

Associate \$ \_\_\_\_\_

Junior \$ \_\_\_\_\_

My check is enclosed for \$ \_\_\_\_\_

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CHAPTER USE