



**PROFESSIONAL HORSEMEN'S
ASSOCIATION
OF AMERICA, INC.**
APPLICATION FOR MEMBERSHIP

I hereby make application for membership in the P.H.A.

DATE: _____

NAME: _____

SOC SEC#: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRESENT POSITION: _____

FOR HOW LONG: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

BENEFICIARY: _____

RELATIONSHIP: _____

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

Signature: _____

Chapter: _____

For Professional Membership, signatures of 2 P.H.A. Professional Members are needed:

Signature 1: _____

Signature 2: _____

- ☐ Life—\$750 donation to scholarship fund
- ☐ Professional—Western New England Chapter—\$50
- ☐ Associate—Western New England Chapter—\$35
- ☐ Junior—Western New England Chapter—\$30

My check is enclosed for \$ _____

**IMPORTANT COPY
DISTRIBUTION**

WHITE/TOP	TO NATIONAL
YELLOW/2ND	FOR CHAPTER USE
PINK/3RD	FOR CHAPTER USE