



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

I hereby request renewal for membership in the P.H.A.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVE PHONE: _____

EMAIL: _____

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