

## 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	e P.H.A.		
Signature:				
Chapter:				
For Professional Membership, signatures of 2 P.H.	A. Professional Members a	ire needed:		
Signature 1:				
Signature 2:				
Life—\$750 donation to scholarship fund	0 donation to scholarship fund		IMPORTANT COPY	
Professional—Western New England Cha	pter—\$40			
Associate—Western New England Chapte	er—\$30		DISTRIBUTION	
		WHITE/TOP	TO NATIONAL	
☐ Junior—Western New England Chapter—	·\$25	YELLOW/2ND	FOR CHAPTER USE	
My shack is analoged for S		PINK/3RD	FOR CHAPTER USE	