



**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—\$40
- Associate—Western New England Chapter—\$30
- Junior—Western New England Chapter—\$25

My check is enclosed for \$ _____

**IMPORTANT COPY
DISTRIBUTION**

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