



Paso Fino Horse Association, Incorporated

4067 Iron Works Parkway, Lexington, KY 40511 (859) 825-6000 FAX (859) 258-2125 Info@pfha.org

Membership Application/Renewal

NEW MEMBER

RENEWAL MEMBER

PFHA MEMBERSHIP NUMBER (IA): _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

HOME: _____ CELL: _____ WORK: _____

EMAIL ADDRESS: _____

*If under the age of 18 as of September 1st, please provide your Date of Birth: ____/____/____

*If age 62 or older as of September 1st and wish to compete as a Senior Amateur, please provide your Date of Birth: ____/____/____

*SELECT ONE

ELECTRONIC MAGAZINE

PAPER MAGAZINE

If you selected to receive an electronic magazine, please be sure your email address is provided above.

*SELECT A/P STATUS

PROFESSIONAL(P)

AMATEUR (A)

SENIOR AMATEUR(SA)

If you selected Senior Amateur, please be sure your date of birth is provided above.

If you are under the age of 18 as of September 1st, you will be listed as an Amateur.

MEMBERSHIP CATEGORIES

Individual

Junior (Date of Birth – Required) ____/____/____

Business/Corporate

Family (List Family Members below)

Canada & Mexico additional amount to membership for paper magazine selection

All other countries additional amount to membership for paper magazine selection

One (1) Year

Three (3) Year

\$65.00

\$165.00

\$45.00

\$110.00

\$85.00

\$225.00

\$85.00

\$225.00

\$20.00

\$60.00

\$70.00

\$210.00

LIFE MEMBERSHIP CATEGORIES

Life – US Domestic

\$1,000.00

Life – International

\$1,500.00

Golden Life – US Domestic (Includes Farm Listing, Business Card Ad in PFHW 6 Issues)

\$1,500.00

Golden Life – International (Includes Farm Listing, Business Card Ad in PFHW 6 Issues)

\$2,000.00

FAMILY MEMBERS (Includes two adults and any number of youth under 18 years of age. Must reside at the same address.)

SECONDARY ADULT:

ID # _____ Name (over 18) _____ A/P Status: P A SA

YOUTH MEMBERS:

ID # _____ Name (under 18) _____ Date of Birth ____/____/____

ID # _____ Name (under 18) _____ Date of Birth ____/____/____

ID # _____ Name (under 18) _____ Date of Birth ____/____/____

ID # _____ Name (under 18) _____ Date of Birth ____/____/____

ID # _____ Name (under 18) _____ Date of Birth ____/____/____

ID # _____ Name (under 18) _____ Date of Birth ____/____/____

REGIONAL DESIGNATION(Please select one): Is this a change? Yes No

- | | | |
|---|--|--|
| <input type="checkbox"/> California | <input type="checkbox"/> High Plains | <input type="checkbox"/> Southwestern |
| <input type="checkbox"/> Central Canada | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Tennessee Valley |
| <input type="checkbox"/> Colombia | <input type="checkbox"/> Mason Dixon | <input type="checkbox"/> Virginia Presidential |
| <input type="checkbox"/> Deep South | <input type="checkbox"/> Mid America | FLORIDA REGIONS |
| <input type="checkbox"/> Europe | <input type="checkbox"/> Northeast | <input type="checkbox"/> North Florida |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Northwest | <input type="checkbox"/> Florida |
| <input type="checkbox"/> Great Lakes | <input type="checkbox"/> Non-Specified | <input type="checkbox"/> Southern Regional |
| <input type="checkbox"/> Great Western | <input type="checkbox"/> Ozark Empire | |
| <input type="checkbox"/> Gulf | <input type="checkbox"/> Piedmont | |

PAYMENT METHOD **AUTO RENEW** - Sign me up for auto-renewal.

I understand that I will be given notice annually of payment execution and I may unsubscribe by contacting PFHA.

\$ _____
 PAYMENT AMOUNT

 CARDHOLDER NAME

 CARD NUMBER

 EXP. DATE

 CVV #

 SIGNATURE

INTERESTS

I'm interested in learning about the following committees:

- | | |
|--|--|
| <input type="checkbox"/> Amateur | <input type="checkbox"/> National Show |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Computer Operations | <input type="checkbox"/> Planning |
| <input type="checkbox"/> International | <input type="checkbox"/> Rules |
| <input type="checkbox"/> Education/Clinic | <input type="checkbox"/> USEF |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Events | |
| <input type="checkbox"/> Finance | |
| <input type="checkbox"/> Futurity | |
| <input type="checkbox"/> Gelding | |
| <input type="checkbox"/> Hearing | |
| <input type="checkbox"/> Historical | |
| <input type="checkbox"/> Judges/Stewards | |
| <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Membership | |