



# Paso Fino Horse

ASSOCIATION, INCORPORATED

101 North Collins Street, Plant City, FL 33563-9924

(813) 719-7777 • FAX (813) 719-7872 • www.pfha.org

## FIRST TIME BUYERS MEMBERSHIP APPLICATION

Name of Current Owner \_\_\_\_\_

Regional Affiliation \_\_\_\_\_ PFHA# \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ FL \_\_\_\_\_ ZIP \_\_\_\_\_

Owners Signature \_\_\_\_\_

Horse's Date of Sale and Registration #: \_\_\_\_\_

I (Current Owner of Horse) \_\_\_\_\_ am a  
CURRENT MEMBER in good standing with the Paso Fino Horse Association. I certify  
that to the best of my knowledge (First Time Buyer) \_\_\_\_\_  
is a FIRST TIME PASO FINO HORSE BUYER and therefore qualifies for a *FREE ONE  
YEAR INDIVIDUAL MEMBERSHIP* to the Paso Fino Horse Association. He/she is also  
entitled to receive a *ONE YEAR SUBSCRIPTION* to the Paso Fino Horse World Magazine.

Name of FIRST TIME BUYER \_\_\_\_\_

If under the age of 18 please provide Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail \_\_\_\_\_

Regional Affiliation \_\_\_\_\_

Signature \_\_\_\_\_

(REQUEST AMATEUR OWNER FORM IF SHOWING IN AMATEUR OWNER CLASSES)

*THIS FORM IS TO BE MAILED WITH THE **ORIGINAL**  
REGISTRATION CERTIFICATE AND \$35.00 FOR EACH TRANSFER*

*PASO FINO HORSE ASSOCIATION*

*101 N COLLINS ST*

*PLANT CITY, FL 33563*

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