



# Paso Fino Horse Association, Incorporated

1003 Twilight Trail, Suite 2, Frankfort, KY 40601 (859) 689-3700 Fax: (859)689-3702 info@pfha.org www.pfha.org

## FIRST TIME BUYER MEMBERSHIP APPLICATION

**NOTE: SELLER OF THE HORSE MUST BE A CURRENT PFHA MEMBER IN ORDER TO QUALIFY**

### FIRST TIME BUYER:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

PFHA Membership Number: \_\_\_\_\_

If under the age of 18 as of September 1st, please provide your Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

If you want to participate as an Amateur Owner, check here  and submit an Application for Amateur Owners/Senior Owner Card.

See PFHA Rule Book for Amateur Owner eligibility requirements.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Signature: \_\_\_\_\_

**Regional Voting Destination:** Please select one PFHA region under which your vote will be counted at the national level. The PFHA delegate of your chosen region will represent you at upcoming Paso Fino Horse Association (PFHA) Board of Directors Meetings. If you do not select one of the choices below, your official regional voting designation will be determined by the geographical location of your address.

<input type="checkbox"/> Deep South	<input type="checkbox"/> Great Western	<input type="checkbox"/> High Plains	<input type="checkbox"/> Northeast	<input type="checkbox"/> Florida
<input type="checkbox"/> Europe	<input type="checkbox"/> South Western	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Ozark Empire	<input type="checkbox"/> Ocala
<input type="checkbox"/> Georgia	<input type="checkbox"/> Tennessee Valley	<input type="checkbox"/> Mason Dixon	<input type="checkbox"/> Piedmont	<input type="checkbox"/> Non-Specified
<input type="checkbox"/> Great Lakes	<input type="checkbox"/> Virginia Presidential	<input type="checkbox"/> Mid America	<input type="checkbox"/> North Florida	

### HORSE BEING TRANSFERRED OR SOLD TO FIRST TIME BUYER:

Horse's Name: \_\_\_\_\_

Horse's Registration Number: \_\_\_\_\_ Date of Transfer or Sale: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

### SELLER/CURRENT OWNER OF THE HORSE:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

PFHA Membership Number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

I (Current Owner of the Horse "SELLER") \_\_\_\_\_ am a current member in good standing with the Paso Fino Horse Association. I certify 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 and is entitled to receive a one year subscription to the Paso Fino Horse World Magazine.

Signature: \_\_\_\_\_

### INSTRUCTIONS FOR PROCESSING THIS FORM:

1. This form is used to register the first time buyer of a Paso Fino horse as a member of the Paso Fino Horse Association (PFHA). PFHA memberships run from January 1st through December 31st. The first time buyer is provided one year free individual PFHA membership and one year subscription to the Paso Fino Horse World magazine (\$65 value). If the first time buyer wishes to become a member of a PFHA Region, he or she will need to submit a separate application to the region. Regional contact information is located on the PFHA website at [www.pfha.org](http://www.pfha.org). The designation of a region on this form is for determining under which region your vote will be counted at the national level.
2. The ORIGINAL Horse Registration Certificate for the horse being sold or transferred to the first time buyer must be submitted with this form. Complete the "Transfer of Ownership" block and the "Signature" block on the back of the ORIGINAL Horse Registration Certificate.
3. The PFHA membership is free for the qualified first time buyer, a \$65 savings. Please remit the \$55 fee to transfer ownership for the horse. Note: Canada/Mexico memberships please submit \$20 additional and all other countries, please submit \$70 additional. See following page.
4. If the new owner is eligible to be an Amateur Owner, please complete and submit an Application for Amateur Owner/Senior Amateur Owner Card. The Amateur Owner/Senior Amateur Owner Card Application can be downloaded from the PFHA website at [www.pfha.org](http://www.pfha.org).
5. Mail the form plus the ORIGINAL Horse Registration Certificate and payment of \$55.00 for the transfer of ownership for the horse and, if applicable, the Amateur Owner/Senior Amateur Owner Card Application to: Paso Fino Horse Association; 4067 Iron Works Parkway, Lexington, KY 40511.

**MEMBERSHIP TYPE:** The First Time Buyer application provides a free \$65 value toward a PFHA membership. Additional payment is required for international, family, business, and three year memberships. Please select the appropriate membership type and, if necessary, fill out payment information below.

<b>STANDARD MEMBERSHIP CATEGORIES: (All fees are in U.S. Dollars)</b>	<b>One (1) Year Membership</b>	<b>Three (3) Year Membership</b>
Individual —United States	<input type="checkbox"/> Free	<input type="checkbox"/> \$100.00
Junior —Unites States    Date of Birth Required ____ / ____ / ____ (MM/DD/YYYY)	<input type="checkbox"/> Free	<input type="checkbox"/> \$45.00
Family — United States (includes second individual {over 18} and any people 17 & under living at above address)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$160.00
Business/Corporation — United States	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$160.00
Individual — Canada & Mexico	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$160.00
Junior — Canada & Mexico    Date of Birth Required ____ / ____ / ____ (MM/DD/YYYY)	<input type="checkbox"/> Free	<input type="checkbox"/> \$105.00
Family—Canada & Mexico (includes second individual {over 18} and any people 17 & under living at above address)	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$220.00
Business/Corporation — Canada & Mexico	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$220.00
Individual—All other International	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$310.00
Junior — All other International    Date of Birth Required ____ / ____ / ____ (MM/DD/YYYY)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$255.00
Family—All other International (includes second individual {over 18} and any people 17 & under living at above address)	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$370.00
Business/Corporation — All other International	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$160.00

**FAMILY MEMBERS:** Includes two adults and any number or youth 17 years of age and younger. Must reside at the same address.

**SECONDARY ADULT:**

ID #: \_\_\_\_\_ Name (Over 18): \_\_\_\_\_ A/P Status     P     A     SA

**YOUTH MEMBERS:**

ID #: \_\_\_\_\_ Name (Over 18): \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID #: \_\_\_\_\_ Name (Over 18): \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID #: \_\_\_\_\_ Name (Over 18): \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID #: \_\_\_\_\_ Name (Over 18): \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID #: \_\_\_\_\_ Name (Over 18): \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID #: \_\_\_\_\_ Name (Over 18): \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**METHOD OF PAYMENT: (DO NOT SEND CASH)**     Check/Money Order Payable to the PFHA     Visa     Mastercard     Amex

Amount Paid: \$ \_\_\_\_\_

Check/M.O. Number: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

Card Holder's City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Card Holder's Fax: \_\_\_\_\_ E-Mail: Address: \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**A 3% convenience fee on all credit card transactions will be applied**