

Paso Fino Horse Association, Incorporated

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

Membership Application/Renewal

	□ NEW MEMBER	□ RENEWAL MEM	1BER				
PFHA MEMBERSHIP NUMB	ER (IA):						
LAST NAME:	FIRST NAME	:	N	MIDDLE INITIAL:			
ADDRESS:							
CITY:	STATE:	ZIP:	_ COUNTRY:				
HOME:	CELL:	W	ORK:				
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:/							
*SELE	CT ONE 🗖 ELECTRONIC	MAGAZINE I F	PAPER MAGAZ	ZINE			
If you selecte	ed to receive an electronic magazine,	olease be sure your ema	il address is provid	ed above.			
*SELECT A/P STATU	S □ PROFESSIONAL(P)	☐ AMATEUR (A)	□ SENIOR A	MATEUR(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 CATEGORIE	S		One (1) Year	Three (3) Year			
	·····		□ \$65.00	□ \$165.00 □ \$110.00			
	quired)/		□ \$45.00 □ \$85.00	□ \$110.00 □ \$225.00			
•	ers below)		□ \$85.00 □ \$85.00	□ \$225.00 □ \$225.00			
	W, sanction show participation & regist		□ \$35.00	_ +			
Canada & Mexico additi	onal amount to membership for paper	magazine selection	□ \$20.00	□ \$60.00			
All other countries addition	onal amount to membership for paper	magazine selection	□ \$70.00	□ \$210.00			
LIFE MEMBERSHIP CATEGO			- 4: 000 00				
			□ \$1,000.00 □ \$1,500.00				
	c (Includes Farm Listing, Business Card		□ \$1,500.00				
	al (Includes Farm Listing, Business Card	•	□ \$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:							
I D #	_ Name (over 18)		A/P Status:	□P □A □SA			
YOUTH MEMBERS:							
ID #	_ Name (under 18)		Date of Birt	h/			
ID #	Name (under 18)		Date of Birt	h/			
ID #	Name (under 18)		Date of Birt	h/			
ID #	_ Name (under 18)		Date of Birt	h/			
ID #	_Name (under 18)		Date of Birt	h/			
ID #	Name (under 18)		Date of Birt	h/			

REGIONAL DESIGN	NATION	(Please select one): Is this a c	change? \(\sigma\) Yes	□No	
		,	· ·	FLORIDA REGI	ONS
□ Deep Sc	outh	□ Kentucky		■ North Florid	а
□ Europe		☐ Mason Dixon		□ Florida	
□ Georgia	1	☐ Mid America		□ Ocala	
☐ Great La	akes	□ Northeast			
☐ Great W	/estern	□ Non-Specified			
□ Southwe	estern	□ Ozark Empire			
□ Tennesse	ee Valley	□ Piedmont			
□ Virginia	Presidential				
☐ High Pla	iins				
PAYMENT METHOD					
		□ AUTO RENEW - Sign r	ne up for auto-r	enewal.	
I understand th	nat I will be give	en notice annually of payme	ent execution a	nd I may unsul	bscribe by contacting PFHA.
\$_					
PA	YMENT AMOUNT				
CA	ARDHOLDER NAME	.			
C.A	ard number		EXI	P. DATE	CVV #
SIC					
		A 3% convenience fee o	n all credit card tra	nsactions will be o	beildqu
INTERESTS					
۱'	m interested in I	earning about the following co	mmittees:		
_					
	Amateur		□National Show	/	
□Communications (PFHA World)			□Personnel		
	□Computer Operations		□Planning	D: 1	
	□International		☐ Recreational	Riders	
	□Education/Clinic		□Rules		
	□Ethics (Includes Rescue Efforts)		□USEF		
	IEvents		□Youth		
	Finance				
]Futurity				
	Gelding				
	Hearing				
	<pre>Historical</pre>	. ا د			
	Judges/Stewar				
		motion, Social Media)			
	1Membership				

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