

Email: membership@pfha.org

PH: 859-689-3700

Fax: 859-689-3702



Return to:

PFHA

1003 Twilight Trail, Suite 2

Frankfort, KY 40601

Or email to membership@pfha.org

PFHA Region Change Request Form

First Name: _____ Last Name: _____

PFHA Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____

Email: _____

My current Region is: _____

I would like to change my region to:

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

I, _____, verify that I understand I cannot be in two regions at one time, and by submitting this form to the PFHA office, my region will be permanently changed unless I re-submit this form to the PFHA Office. I understand that I cannot change my region within 30 days of a Regional Election.

Member Signature: _____

Date: _____