



# 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 MEMBER                       UPGRADE MEMBERSHIP

PFHA MEMBERSHIP NUMBER (IA): \_\_\_\_\_

Business/Corporate Name: \_\_\_\_\_

**Business/Corporate Must Fill out Signature Authorization Form**

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 1<sup>st</sup>, please provide your Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*If **age 62 or older** as of September 1<sup>st</sup> 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 1<sup>st</sup>, you will be listed as an Amateur.**

**MEMBERSHIP CATEGORIES**

	One (1) Year	Three (3) Year
Individual .....	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$165.00
Junior <b>(Date of Birth – Required)</b> ____/____/____ .....	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$110.00
<b>Must Fill out signature Authorization Form for Minors!</b>		
Business/Corporate .....	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$225.00
Family (List Family Members in <b>FAMILY MEMBERS SECTION</b> ) .....	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$225.00
Recreational Rider - (PFHW, sanction show participation & registrations not included)	<input type="checkbox"/> \$35.00	
<b>Canada &amp; Mexico additional amount to membership for paper magazine selection</b>	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$60.00
<b>All other countries additional amount to membership for paper magazine selection</b>	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$210.00
<b>LIFE MEMBERSHIP CATEGORIES</b>		
Life – US Domestic .....	<input type="checkbox"/> \$1,000.00	
Life – International .....	<input type="checkbox"/> \$1,500.00	
Golden Life – US Domestic (Includes Farm Listing, Business Card Ad in PFHW 4 Issues)	<input type="checkbox"/> \$1,500.00	
Golden Life – International (Includes Farm Listing, Business Card Ad in PFHW 4 Issues)	<input type="checkbox"/> \$2,000.00	

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

**SECONDARY ADULT:**

ID # \_\_\_\_\_ Name (over 18) \_\_\_\_\_ **SA Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**A/P Status:**  P  A  SA

**YOUTH MEMBERS: Must Fill out signature Authorization Form for Minors!**

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"/> Deep South    | <input type="checkbox"/> Piedmont         |
| <input type="checkbox"/> Europe        | <input type="checkbox"/> Southwestern     |
| <input type="checkbox"/> Georgia       | <input type="checkbox"/> Tennessee Valley |
| <input type="checkbox"/> Great Lakes   |   |
| <input type="checkbox"/> Great Western | <b><i>Florida Regions:</i></b>            |
| <input type="checkbox"/> Kentucky      | <input type="checkbox"/> Florida (Miami)  |
| <input type="checkbox"/> Mason Dixon   | <input type="checkbox"/> North Florida    |
| <input type="checkbox"/> Mid America   | <input type="checkbox"/> Ocala            |
| <input type="checkbox"/> Northeast     |   |
| <input type="checkbox"/> Ozark Empire  |   |

I'm interested in learning about the following committees:

- |   |  |
|---|--|
| <input type="checkbox"/> Amateur                          | <input type="checkbox"/> Gelding         |
| <input type="checkbox"/> National Show                    | <input type="checkbox"/> Hearing         |
| <input type="checkbox"/> Communications (PFHA World)      | <input type="checkbox"/> Historical      |
| <input type="checkbox"/> Personnel                        | <input type="checkbox"/> Judges/Stewards |
| <input type="checkbox"/> Computer Operations              | <input type="checkbox"/> Marketing       |
| <input type="checkbox"/> Planning                         | (Promotion, Social Media)                |
| <input type="checkbox"/> International                    | <input type="checkbox"/> Membership      |
| <input type="checkbox"/> Recreational Riders              |  |
| <input type="checkbox"/> Education/Clinic                 |  |
| <input type="checkbox"/> Rules                            |  |
| <input type="checkbox"/> Ethics (Includes Rescue Efforts) |  |
| <input type="checkbox"/> USEF                             |  |
| <input type="checkbox"/> Events                           |  |
| <input type="checkbox"/> Youth                            |  |
| <input type="checkbox"/> Finance                          |  |
| <input type="checkbox"/> Futurity                         |  |

**PAYMENT METHOD**

\$ \_\_\_\_\_  
PAYMENT AMOUNT

\_\_\_\_\_  
CARDHOLDER NAME

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXP. DATE

\_\_\_\_\_  
CVV #

\_\_\_\_\_  
SIGNATURE

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



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## SIGNATURE AUTHORIZATION FORM

### SIGNATURE AUTHORIZATION ON BEHALF OF:

Print name of Individual, Minor, Ranch, Farm, Syndicate, Corporation, or Trust      Minor's DOB (if app.)      Membership #

Street Address      City      State/Zip

Above hereby authorizes the person(s) named below to execute documents as specified on behalf of the above Individual, Minor, Farm, Partnership, Syndicate, Corporation or Trust beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

- Written notice of cancellation may be submitted prior to the ending date.
- Transfer of ownership or termination of the recorded lease will automatically cancel the signature authorization affecting that particular horse.
- Note: Please be sure to fill in the spaces for beginning and ending date (i.e., until further notice, a specific date, 18<sup>th</sup> birthdate, etc.)

Print Name of ALL Authorized Person(s)	Member #	Signature of ALL Authorized Person(s)
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

### AUTHORIZATION FOR:

\_\_\_\_\_ All Documents submitted to Paso Fino Horse Association on my behalf

#### OR CHECK APPLICABLE FORMS BELOW

_____ Registration Application	_____ Transfers
_____ Breeding Certificates	_____ Lease Agreements
_____ Stallion Reports	_____ Show Entry Forms

### HORSES AFFECTED:

If the above authorization is for only ONE Horse, please list name and registration number.

Name of Horse: \_\_\_\_\_ Registration #: \_\_\_\_\_

If no horse has been indicated, it will be assumed that this authorization covers ALL horses owned in all or in part by the above entity or individual.

### PARTNERS, OWNERS, OFFICERS OF AUTHORIZING ENTITY:

Print name(s), PFHA member number(s), and address(es) of ALL partners, owners, or corporate officers of entity listed in first line above. Listing of an individual in this section WILL NOT constitute authorization unless also listed in appropriate section above. If any additional space is needed, please use reverse side.

1) Name: \_\_\_\_\_ Member #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

2) Name: \_\_\_\_\_ Member #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

3) Name: \_\_\_\_\_ Member #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

4) Name: \_\_\_\_\_ Member #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

*NOTE: Failure to list all such persons may subject the person signing the authorization form to possible disciplinary action.*

In executing this authorization form, I represent that I have such ownership or authority as to grant this authorization.

Signature of Individual	Member #	Date
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