

Piedmont Horseman's Association

All Memberships are subject to approval by the Board of Directors and the PHA Membership
Membership Application and Horse Registration Form for _____ (current year)

Date _____ PLEASE PRINT LEGIBLY

Member Name _____ Youth Birth Date _____

Mailing Address: _____

City, State and Zip Code: _____

Home Phone: _____ Business Phone _____ Cell# _____

**** Email address for Newsletter:**

Type of Application: (Please check one)

New _____ Renewal _____ Family _____ Individual _____

Complete the Following Information for Family Members Only:

Spouses Name _____

Name of Youth _____ Age _____ **Birth Date** _____

Name of Youth _____ Age _____ **Birth Date** _____

Name of Youth _____ Age _____ **Birth Date** _____

Name of Youth _____ Age _____ **Birth Date** _____

Youth are Unmarried Children 18 years & under as of Jan 1**

Postmarked PRIOR to April 1 of current year

Individual: \$20.00 membership An individual member is entitled to all membership privileges and one vote at meetings.

Family: \$25.00 A family membership entitles husband, wife and all unmarried Children 18 yrs and under to all membership privileges, but is Restricted to two votes at membership meetings.

Postmarked AFTER to April 1 of current year

Individual: \$25.00 membership An individual member is entitled to all membership privileges and one vote at membership meetings.

Family: \$30.00 A family membership entitles husband, wife and all unmarried Children 18 yrs and under to all membership privileges, but is Restricted to two votes at membership meetings.

Make checks payable to Piedmont Horseman's Association or PHA, Upon approval of this membership application I/we promise to uphold the principals of PHA and willfully submit myself/ourselves to the conditions stated in the PHA handbook.

Date _____ Applicants Signature _____

Please complete this form front and back (If applicable) and return to:

Mary Murray
PHA Points Secretary
175 Newton Road
Ruffin, NC 27326

Date received by Secretary _____
Date received by Points Secretary _____
Method of payment: Cash _____ **Check** _____

PHA RULE: To be eligible for awards in PHA, RIDER, HANDLER/TRAINER, AGENT and OWNER must be members in good standing, and the HORSE must be registered with the PHA points secretary on the standard form provided by PHA. HANDLER/TRAINER must be a member if they will be showing the horse.

ALL POINTS ARE COUNTED FROM THE DATE THE POINTS SECRETARY RECEIVES THIS FORM

A one dollar (\$1.00) per horse fee is assessed to provide memorials for any horse of a PHA member that dies during the current year if postmarked PRIOR to April 1 of current year
Two dollars (\$2.00) if postmarked AFTER April 1 of current year

Total number of horses to be registered: _____

Please print full name of horse. Points will be counted for names of horses or ponies shown on this registration form. (Name of horse must match with name of horse on class entry forms. This is the name that will be on any printouts from the database).

1. Name of Horse _____
Year foaled _____ Color _____
Owner of Horse _____
Registration # (if any) _____
Breed _____ Sex (circle one) Mare Stallion Gelding

2. Name of Horse _____
Year foaled _____ Color _____
Owner of Horse _____
Registration # (if any) _____
Breed _____ Sex (circle one) Mare Stallion Gelding

3. Name of Horse _____
Year foaled _____ Color _____
Owner of Horse _____
Registration # (if any) _____
Breed _____ Sex (circle one) Mare Stallion Gelding

Before April 1 - # of horses _____ X \$1.00
After April 1 - # of horses _____ X \$2.00

Total amount enclosed for Membership / Horse Registration Fee / _____