EASTERN PA. CHAPTER OF THE PROFESSIONAL HORSEMEN'S ASSOCIATION (EPPHA)

Application For Membership - 2017

I hereby send my application for membership of the EPPHA. My payment of $_____ is enclosed.

*NOTE: There is NO fee for your horse/pony. The horse/pony is automatically a member when the **OWNER** is a member of the EPPHA.*

Please make check payable to **EPPHA.** Dues are listed below (please check **one** type/person):

__ **Professional Member $45**

(For professionals, eligible for aid, for year-end high score awards and may vote in National elections)

__ **Associate Member $40**

(For juniors & amateurs, eligible for aid (18+ yrs old), for year-end high score awards and may vote in Chapter elections)

__ **High Score Member $35**

(For professionals & amateurs, eligible for year-end high score awards only)

Name: _____

Address: _____

Phone Number(s): _____

Email address: _____ Trainer's Name: _____

Age of Rider (AS OF 12/1/15) Please check one: ( ) Adult (18-35) ( ) Junior (14 & under)
( ) Adult (36 & over) ( ) Junior (15-17)

SHOW NAME OF HORSE/PONY	HEIGHT	IF THOROUGH-BRED? PROVIDE REGISTRATION #	INCLUDE ALL POSSIBLE DIVISION(S) TO SHOW (i.e., CHILDREN'S HUNTER 14&UNDER, SMALL JUNIOR)

**IF MORE THAN 3 HORSES, PLEASE WRITE ON THE BACK OF THIS APPLICATION.

FOR PROFESSIONAL MEMBERSHIP ONLY, please supply the following information:

Social Security # _____ Birth Date: _____

Employer Name & Address: _____

Your Beneficiary Name, Address & Phone Number_____

_____

PLEASE RETURN THIS APPLICATION WITH PAYMENT TO:

EPPHA
Nancy Fay
1009 Montgomery Avenue, Eagleville, PA 19403