



Long Island Chapter

2019 Membership Application Form

(December 1, 2018 - November 30, 2019)

Date: _____

Name: _____

Address: _____ DOB ___/___/___

City: _____ State: _____ Zip: _____ JUNIORS ONLY

EMAIL: _____ Phone: _____

Junior's Parent or Guardian

Name: _____

EMAIL: _____ Phone _____

Membership Fees:

- _____ \$ 15 - Junior (under 18 as of December 1)
- _____ \$ 20 - Associate (over 18) -
- _____ \$ 50 - Professional - (person who derives an income from Equine related Business)
- _____ \$750 - Life (donation to scholarship fund)

Only New Professionals need to fill out following!

Please provide name of 2 professional PHA members for references:

- 1) _____
- 2) _____

- _____ Trainer/Instructor
- _____ Show Official/Employee
- _____ Vet/Farrier/Therapist
- _____ Farm Owner/Operator

Death Benefit Beneficiary for Professionals: Name: _____

Phone: _____ Relationship to Member _____

If accepted, I agree to abide by all the regulations and By-Laws governing the PHA.

Signature _____

Please make checks payable
to **LIPHA** and mail to:

Bruce Smith
P.O. Box 12
Jamesport, NY 11947

