



Long Island Chapter

2017 Membership Application Form

(December 1, 2016 - November 30, 2017)

Date: _____

Name: _____

Address: _____

DOB ___/___/___

City: _____ State: _____ Zip: _____

JUNIORS ONLY

EMAIL: _____ Phone: _____

Junior's Parent or Guardian

Name: _____

EMAIL: _____ Phone _____

Membership Fees: (make checks payable to LIPHA)

_____ \$ 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
18 Pickwick Drive West
Syosset, NY 11791

www.lipha.org