



**PROFESSIONAL HORSEMEN'S  
ASSOCIATION OF AMERICA INC**

**APPLICATION FOR MEMBERSHIP**

Life Member \_\_\_\_\_

Professional \_\_\_\_\_ Associate \_\_\_\_\_ Junior \_\_\_\_\_

I hereby make application for membership in the P.H.A.

Date: \_\_\_\_\_ Chapter: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Present Position: \_\_\_\_\_ Length of time \_\_\_\_\_

Previous Employment: \_\_\_\_\_

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

Signature: \_\_\_\_\_

For Professional Membership Applications:

Beneficiary: \_\_\_\_\_

Beneficiary Contact #: \_\_\_\_\_

For Professional Members, signatures of 2 PHA Professional Members are needed:

1. \_\_\_\_\_ Print: \_\_\_\_\_

2. \_\_\_\_\_ Print: \_\_\_\_\_