 **Pennsylvania Amateur Horseman’s Association**

**2025 Membership Form**

**\*\*\*Please fill in all information\*\*\***

Membership Type: (signed date to 3/1/2026) Date Received

Individual Membership $30.00 Form of Payment: Check# Cash Other:

Family Membership $50.00 Discount Applied:

**Name:**

**Address:**

**City, State, Zip:**

**Home Phone #:**

**Mobile Phone #:**

**Email Address:**

**Parent/Guardian Name & Contact Information (required if Individual Member is under the age of 18):**

*Individual Membership: Individual memberships are open to any individual.*

*Family Membership: Parent(s)/Legal Guardian(s) and any children 21 yrs and under, who still reside under the same address. This applies to college students who do not live at home during the school year, but who’s address is still their parent’s or legal guardian’s.*

**List ALL members below (be sure to include the member above, age and t-shirt size for all):**

**Name: DOB: T-Shirt Size:**

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**Please make checks payable to PAHA. Payment must be received with form to be processed.**

**Please mail form and payment to:**

**PAHA**

**C/O Ashlee Maggie**

**234 Fairground Rd**

**New Castle, PA 16101**

**Thank you for your support of PAHA and we hope you enjoy the show season!!**