2019 Pennsylvania Pinto Horse Club Membership Form

Name:				Date: _	
Address:					
City:		State:		z	Zip Code:
Phone:		En	nail Address:_		
	PtHA ID#:				
	Year you first j	oined the PA Pinto H	orse Club (If k	nown): _	
	Single Membership: \$20 (1 Vote)				
	Youth Membership	\$10.00 (No Vote)	0.00 (No Vote) Birthdate:		
					members living in one household
	<u>List</u>	All Family Members,	PtHA ID#'s, &	Birthdat	tes:
<u>Name</u>		PtHA ID#			<u>Birthdate</u>
				_	
				_	
				_	
Check	one:	New Membership	[Renew Membership
	· ·	NOT wish to receive mailed, must supply		•	nail,

Make checks payable to PA Pinto Horse Club

Mail to: Denise Paver 3465 Spring Road Carlisle, PA 17013