



FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Sent: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Paid By:       Check    Cash    MO

## 2010 Membership Application

Please complete this form and return it with your dues to:  
PHHA  
1300 Plaza West - Suite 303  
Lemoyne, PA 17043

DUES: \$40 per year payable by check or money order to the Pennsylvania Harness Horsemen's Association. Cash is accepted if paying in person.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (home): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Telephone (mobile): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail:** \_\_\_\_\_

(Please include your e-mail address so we can keep you up to date with important news.)

USTA #: \_\_\_\_\_

Type of Membership (check one):

Owner    Driver    Trainer    Other \_\_\_\_\_

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

*By submitting this application, I agree to comply with all terms and conditions of membership. Failure to comply may result in termination of my membership.*

*PLEASE NOTE: Submittal of this application does not guarantee acceptance. Applications will be reviewed for eligibility and applicants notified of their status.*