

Fairfield-Westchester

Professional Horsemen's Association

Application for Professional Membership

I hereby apply for membership in the Fairfield-Westchester Chapter of the PHA

Date:	Professional Member dues: \$60				
Name:					
Address:					
				Zip:	
	ne: cell #:				
Employer address &	phone #:				
Present position:			Length of time:		
Previous employmen					
Beneficiary: Beneficiary contact	info: tions must have the signatu			al PHA members	
1.		Print:	Print:		
2.			Print:		
Please note: you read the Checks payable to: Send applications and payment to:	nust present yourself at a F F-W PHA Chris Dwyer Treasurer, F-W PHA	-	efore your app For office use Date rec'd: Date of presen		
	P.O. Box 566		Date of consideration:		
	Shenorock, NY 10587		Accepted	Rejected	
Questions? CDDwyer2@verizon.net			Effective date: Recorded by:		