



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

**APPLICATION FOR PROFESSIONAL MEMBERSHIP
FAIRFIELD-WESTCHESTER CHAPTER**

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

Membership Dues \$60

Date: _____

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: _____

Mail to: FW-PHA c/o Gary Gauruder, 146 Branca Court, Milford CT 06461
Questions Contact: Ghooter14@optonline.net