



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: _____

City: _____ State: _____ Zip: _____

Phone: _____ cell #: _____

Email: _____

Social Security #: _____ DOB: _____

Employer: _____

Employer address & phone #: _____

Present position: _____ Length of time: _____

Previous employment: _____

If accepted, I agree to abide by all the By-Laws and Rules and Regulations governing the PHA and F-W PHA

Signature: _____

Beneficiary: _____

Beneficiary contact info: _____

Professional applications must have the signatures of two (2) current Professional PHA members

1. _____ Print: _____

2. _____ Print: _____

Please note: you must present yourself at a F-W PHA meeting before your application will be considered

Checks payable to: F-W PHA
Send applications Chris Dwyer
and payment to: Treasurer, F-W PHA
P.O. Box 566
Shenorock, NY 10587

Questions? CDDwyer2@verizon.net

For office use only
Date rec'd: _____
Date of presentation: _____
Date of consideration: _____
Accepted _____ Rejected _____
Effective date: _____
Recorded by: _____