



FIRST PFHA REGION RECOGNIZED in ... 10 YEARS!!
Honors Virginia Presidential Amateur Owners and Youth
Membership Application Virginia Presidential Paso Fino Horse Association, Inc. refernced VAPPFHA
Website: www.VAPPFHA.com — **Phone:** 1-888-VAPPFHA - **Email:** Info@VAPPFHA.com
Fax: 1-540-740-9497 - **Phone:** 615-522-8138 - **Mail:** P.O.Box 12 - Mt.Jackson, Virginia 22842
Members supporting one another through genuiene interests in our fellowship !

Virginia Presidential PFHA

APPLICATION STATUS NEW RENEWAL **FREE** Annual Membership /IST TIME PASO FINO HORSE BUYER Name of Member you purchased your horse _____
Various Memberships Available. YOU DO NOT NEED TO OWN HORSES OR BE A PFHA MEMBER TO JOIN. SEE BELOW INFORMATION CONCERNING STATUS OF MEMBERSHIPS AVAIL.

Name of Applicant _____ DOB / / Spouse _____ DOB / / Jr.Members _____ DOB / /
 _____ DOB / / , _____ DOB / / , _____ DOB / / THANK YOU FOR THE BIRTHDATES SO WE MAY SEND CARDS

Address _____ City _____ State _____ Zip _____
 Ship to Address if Diff. _____ City _____ State _____ Zip _____

Email _____ @ _____ Website _____ @ _____

Ph.# _____ Cell# _____ Work# _____ Fax# _____

Business Name for Corporate/Farm Membership _____ #Horses You Own _____

Your Interests Profile SHOW PL.TRAILRIDING COMPETIVE TRAILRIDES BREEDING SALES OF YOUR HORSES OUR ADVERTISING
 CLINICS EDUCATION EVENTS FUN SHOWS RIDING LESSONS SOCIAL EVENTS TRAINING OTHER DSCRIBE _____

WOULD YOU BE INTERESTED IN HOSTING AN EVENT ? IF SO WHERE, WHAT KIND OF EVENT, AND WHEN IS CONVENIENT _____

WOULD YOU BE INTERESTED IN CHAIRING OR HELPING WITH VAPPFHA RESPONSIBILITIES? _____ WHAT INTERESTS YOU MOST? _____

MARK THE TYPE OF MEMBERSHIP THAT YOU WISH TO PURCHASE—Mark here to designate Va.Presidential PFHA,Inc. to vote your PFHA member votes.
Membership Dues & Form Valid for One Year from date of Joining and dues paid with Virginia Presidential PFHA, Inc. Unless Lifetime Membership was purchased.

Individual _____ \$30 Annual Dues. Lifetime Member \$250 Dues.-Must be 18 yrs. or older, Membership Voting one Vote provided you meet requirements to be a voting member.

Family/Farm _____ \$40 Annual dues. Lifetime Family \$350 Dues-at least two Members in the Family 18 years or older & all Jr. Members of same household.

Two Virginia Presidential PFHA,Inc. Votes if you meet requirements to be a voting member. Voting members must be member in good standing with PFHA and VAPPFHA

Jr. Member _____ \$15 must be under 18 years of age by Oct. 1st of that year. No Voting Rights with this Jr. Membership with the organization.

Associate Member _____ \$20 Individual or entity wishing a Subscription to VAPPFHA Newsletter and supports VAPPFHA Corporate Activities No voting Rights within VAPPFHA

Sponsoring _____ \$50 Individual or entity as a member wishes to support the purposes and functions of this Organization Financially No voting Rights within VAPPFHA

Corporate _____ \$50 a Legal Entity with a Federal Tax ID Number Incorporated with Virginia's Secretary of State as a Virginia resident Corporation and the Princial Officers and Agents of said corporation a resident of Virginia then I vote within this organization otherwise , there will be no voting rights without the residency requirement being satisfied.

Temporary Membership _____ \$5 for participation in a Specific Virginia Presidential PFHA, Inc. Event Maximum membership period total days 7. No PFHA Voting Rights

SPECIAL LIFETIME MEMBERSHIPS DISCOUNT IF YOU APPLY FOR MEMBERSHIP PRIOR TO MIDNIGHT OCTOBER 31, 2010

Individual Lifetime Discounted Dues \$125 (Save 50%) Same Membership Rights as stated in Individual Annual Membership above

Family/Farm Lifetime Discounted Dues \$175 (Save 50%) Same Membership Rights as stated in Family Annual Membership above.

SIGN BELOW AND ON THE BACK THE LIABILITY RELEASE TO BECOME OFFICIAL MEMBER OF VIRGINIA PRESIDENTIAL Paso Fino Horse Association, Inc.

SIGNED _____ DATE / / _____ SIGNED _____ DATE / / _____

SIGNED _____ DATE / / _____ SIGNED _____ DATE / / _____

You may pay your dues by credit card, check, or cash. Credit Card payment is available online at the website of www.VAPPFHA.com

Name on Card _____ Card # _____ Expire Date __/__/__

Zip code of Billing Address _____ Amount to Charge your Card or due \$ _____ Authorize Sign _____

THANK YOU FOR JOINING VIRGINIA PRESIDENTIAL, MAY YOU BE BLESSED ! Visit our services, Let us hear from you & Enjoy!
FALLING IN LOVE ALL OVER AGAIN