



PSHA

Date: _____

Patterned Speed Horse Association

MEMBERSHIP APPLICATION FORM

Please list the names of all household members wishing to join PSHA

Last Name	First Name	Birth date	New/Renewal

Address: _____

City: _____ State _____ Zip _____

E-Mail Address*: _____ Phone _____

**Please leave blank if you DO NOT wish to receive our electronic newsletter*

Belong to a Club? Yes or No Name of Club _____

*Individual - \$15.00 \$ _____
 or
 *Family - \$30.00 \$ _____

Membership year January 1st – December 31st
 New members joining after August 1st of said year will have 17 months or less membership till they have to renew again.

*Family membership defined as household members, spouse, or significant other, children 18 years or younger or through 23 years of age and enrolled in a school of higher learning. If child is over 18 years, not a student, and living at home, an individual membership must be paid for them. Children living at home, married or with children of their own, must pay a separate family membership.

**Please make check or money order to PSHA and mail to:
 PSHA Treasurer, Shannon Fadden, 4800 Malaga Hwy, Malaga, WA 98828
 509-662-1145**

