



# GPFHA

## Georgia Paso Fino Horse Association

### Membership Application

Return to:  
Donna Brown, Treasurer  
135 Glover Road  
Cleveland, GA 30528

#### Individual/Family

Name\* \_\_\_\_\_

Additional Adult Family Member \_\_\_\_\_

Youth Member (under 18)

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email\*\* \_\_\_\_\_

\* Names, address, phone, service codes, & email for paid memberships received by January 31 are included in the annual membership directory unless you advise us otherwise by selecting an option below.

I do not want my information included in the directory

I only want to include specific info in the directory (such as name, city, and email only). Please advise which info to include:

\_\_\_\_\_

\*\* Email is our main form of communication. If you don't check yours regularly, please add a note in the margin!

#### Farm/Business

Farm or Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Web Address \_\_\_\_\_

Services (circle number of each that applies)

1. Breeders    2. Owners    3. Stallion Service    4. Boarding    5. Training  
6. Stock for sale    7. Riding Lessons    8. Tack for sale    9. Visitors Welcome – Appointment Appreciated

10. Other \_\_\_\_\_

Representative or Agent Name \_\_\_\_\_

I want to be listed under my business name in the directory

#### For all Applicants

Number of Horses Owned:

Paso Fino \_\_\_\_\_ Other Breeds \_\_\_\_\_ Type \_\_\_\_\_

Used for (please number in order of your priority)

Show \_\_\_\_\_ Breeding \_\_\_\_\_ Pleasure \_\_\_\_\_ Trail \_\_\_\_\_ Competitive Events \_\_\_\_\_

Activities Interest (please number in order of your priority)

Trail \_\_\_\_\_ Youth \_\_\_\_\_ Show \_\_\_\_\_ Clinics/Seminars \_\_\_\_\_ Parades \_\_\_\_\_

Are you currently a member of Paso Fino Horse Association? \_\_\_\_\_ (yes/no)

Name/PFHA # \_\_\_\_\_ Name/PFHA # \_\_\_\_\_

Are you a voting member of another Regional Association? If so who \_\_\_\_\_

#### Membership Structure

- Individual \$20.     Family \$30     Farm/Business -\$30.  
 Youth \$10. (non-family)     Life membership for 2 persons \$300     Associate \$15 (votes with another region)

Application is hereby made for membership in the indicated category.

Please make check payable to **Georgia Paso Fino Horse Association (GPFHA)**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only

Date Received	Membership No.	Amount Paid	Check No.	Date Mailed