

## **2024 UPHA MEMBERSHIP APPLICATION**

MEMBERSHIP YEAR: DECEMBER 1 THROUGH NOVEMBER 30

MEMBER INFORMATION			
Name:		☐Renewal UPHA #:	_
Mailing Address:			
City:	State: Zip:	Country:	
Phone:	Alt. Phone:	:	
E-mail:	Date of Birth (required):		
Breed/Discipline Affiliation (required):NSHRoadsterSaddle Sea			
• I affirm that I will abide by the UPH may be found on the UPHA website)		Bylaw Article III. Members, Section 14 (which which we will be set to be	h
Protecting Young Victims From Sex found on the UPHA website) By join	xual Abuse and Safe Sport Autho	e laws regarding SafeSport training per s. 534 orization Act of 2017. (pdf of S.534 may be our compliance.	:
MEMBERSHIP TYPE			
* New Professional Members		\$6	5.00
membership per Bylaw Article III. Any persis ineligible for Professional Membership in professional bio and have the signature of professional horseman for at least one yea	n UPHA. All new UPHA Profession their local Chapter Chairperson a	acknowledging the applicant has been a	d
Signature of Chapter Chairperson		Printed Name of Chapter Chairperson	
☐ Young Professional (Professionals 18 to 4 ☐ Annual Professional	- ·		
☐ Lifetime Professional		\$1,200	).00
, , , , , , , , , , , , , , , , , , , ,		ndustry)\$65	
		\$1,200	
☐ Junior Member (Individuals who have no	ot yet reached their 18 <sup>th</sup> birthday	y on 12/01/2021)\$3	5.00
SUPPORT			
YES, I want to make a donation to t	he UPHA Foundation	\$	
INFORMATION			
☐ I DO NOT wish to receive Constant Cor	itacts (UPHA e news).		
PAYMENT INFORMATION Make check pa	,	fee will be added to all credit card transactions.	
☐ Check/Money Order (U.S. Funds ☐ Mas	terCard	nerican Express	
Card #:		Exp. Date: CVV#	
Billing Address of Card:			
Card Holder Signature:	Card Holder N	Name (Print):	

## PLEASE SEND YOUR COMPLETED FORM TO