



2024 UPHA MEMBERSHIP APPLICATION

MEMBERSHIP YEAR: DECEMBER 1 THROUGH NOVEMBER 30

MEMBER INFORMATION

Name: _____ New Renewal UPHA #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Alt. Phone: _____

E-mail: _____ Date of Birth (required): _____

Breed/Discipline Affiliation (required): American Saddlebred Arabian Hackney Morgan
 NSH Roadster Saddle Seat Other: _____

- I affirm that I will abide by the UPHA Code of Ethics as outlined in Bylaw Article III. Members, Section 14 (which may be found on the UPHA website). By joining UPHA you acknowledge your compliance.
- UPHA requires its members to be compliant with Federal and State laws regarding SafeSport training per s. 534 Protecting Young Victims From Sexual Abuse and Safe Sport Authorization Act of 2017. (pdf of S.534 may be found on the UPHA website) By joining UPHA you acknowledge your compliance.

MEMBERSHIP TYPE

* **New Professional Members**.....\$65.00

All new professional members must apply and be approved by the UPHA Board of Directors. A new professional member must have been a professional horseman (trainer/riding instructor) for at least one year prior to applying for Professional membership per Bylaw Article III. Any person holding a current United States Equestrian Federation (USEF) Amateur card is ineligible for Professional Membership in UPHA. All new UPHA Professional Member applicants must submit a professional bio and have the signature of their local Chapter Chairperson acknowledging the applicant has been a professional horseman for at least one year prior to the application being processed.

Signature of Chapter Chairperson

Printed Name of Chapter Chairperson

Young Professional (Professionals 18 to 40 years of age).....\$35.00

Annual Professional.....\$65.00

Lifetime Professional..... \$1,200.00

Annual Associate (Available to any person interested in the show horse industry)..... \$65.00

Lifetime Associate..... \$1,200.00

Junior Member (Individuals who have not yet reached their 18th birthday on 12/01/2023).....\$35.00

SUPPORT

YES, I want to make a donation to the UPHA Foundation.....\$_____

INFORMATION

I DO NOT wish to receive Constant Contacts (UPHA e news).

PAYMENT INFORMATION

Make check payable to UPHA. A 4% convenience fee will be added to all credit card transactions.

Check/Money Order (U.S. Funds) MasterCard VISA American Express

Card #: _____ Exp. Date: _____ CVV# _____

Billing Address of Card: _____

Card Holder Signature: _____ Card Holder Name (Print): _____

PLEASE SEND YOUR COMPLETED FORM TO

UPHA, P.O. Box 3728, Midway, KY 40347 or RENEW ONLINE, go to www.uphaonline.com*

*New Professional Members MUST join on hard copy and include Chapter Chair signature and professional bio.