



UPHA Membership Application

Member's Name _____

Street / P.O. Box _____

City / State / Zip _____

Phone _____

Alt. Phone _____

Date of Birth (Required) _____

E-mail Address _____

Breed/Discipline Affiliation (Required)

___ American Saddlebred ___ Hackney ___ Morgan ___ Arabian ___ NSH ___ Saddle Seat ___ Roadster
___ Other _____

___ **Professional Membership** - All persons who are bona fide professional horse trainers, **\$65.00**
have been a professional horse trainer for at least one year prior to applying for Professional mem- **Yearly**
bership. **Any person holding a current United States Equestrian Federation (USEF) Amateur**
card is ineligible for Professional membership in the UPHA. All new UPHA Professional **\$1,200.00**
Member Applicants must have a signature of their local Chapter Chairperson before appli- **Lifetime**
cation will be processed.

Signature of Chapter Chairperson
(Only required for New Professional Membership)

Printed Name of Chairperson

\$65.00
Yearly

___ **Associate Membership** - Available to any person interested in the show horse industry.

\$1,200.00
Lifetime

___ **Junior Membership** - Junior Membership is available to anyone who has not reached
their 18th birthday as of December 1st, of the USEF Competition year. **Junior membership is** **\$35.00**
required for any rider participating in the UPHA Challenge Cup program. **Junior**

To Join Online go to: www.uphaonline.com - click on the Membership tab

PAYMENT: *A 4% Convenience Fee will be added to All Credit Card Transactions.**

___ Check or Money Order enclosed (Make check payable to UPHA) ___ Visa ___ MasterCard ___ AMEX

Credit Card #: _____ CVV# _____ Exp. Date ____ / ____

Billing Address of Card: _____

Signature: _____ Print Name: _____

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