



# 2019 UPHA MEMBERSHIP APPLICATION

MEMBERSHIPS ARE VALID FEBRUARY 1-JANUARY 31

## 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 \_\_\_\_\_

## THIS CHECK BOX MUST BE CHECKED OR YOUR MEMBERSHIP WILL NOT BE PROCESSED!

By checking this box, I affirm that I have read and agree to abide by the UPHA Code of Ethics as outlined in Bylaw Article III. Members, Section 14 (which may be found on the UPHA website).

## 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

**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 18<sup>th</sup> birthday on 12/01/2018).....\$35.00

## INFORMATION

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

I DO NOT wish for my name to appear in the online UPHA Membership Verification tool.

## 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, 4059 Iron Works Parkway, Suite 2, Lexington, KY 40511 or RENEW ONLINE, go to [www.uphaonline.com](http://www.uphaonline.com)\*

\*New Professional Members MUST join via mail and include Chapter Chair signature and professional bio.