



2018 Iowa Pinto Horse Association Membership Application

All expires 12/31 in current year
Single \$20 / Family \$30 / Youth \$15
New _____ Renewal _____

Primary Member Name: _____ DOB: _____

PtHA Member ID: _____ Iowa Member ID: _____

Spouse Name: _____ DOB: _____

Spouse PtHA Member ID: _____ Amateur _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I/We here by agree to abide by the rules of the Iowa Pinto Horse Association. All information given is true, correct and complete.

Signature: _____ Date: _____

Iowa Pinto Horse Association Youth Membership Application

Name: _____

PtHA ID: _____ DOB: _____

Name: _____

PtHA ID: _____ DOB: _____

Name: _____

PtHA ID: _____ DOB: _____

Name: _____

PtHA ID: _____ DOB: _____

Return with payment to:
Angela De La Riva
2974 330th Street
Ellsworth, Iowa 50075

Office Use: Check # _____ Amount _____ Date Received: _____ Card Mailed: _____
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