



**FAIRFIELD-WESTCHESTER
PROFESSIONAL HORSEMEN'S ASSOCIATION**

APPLICATION FOR ASSOCIATE MEMBERSHIP

Adult \$20 _____

Junior \$20 _____

I hereby make application for Associate Membership in the F-W PHA.

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Phone #: _____ Cell #: _____

Email: _____

Barn: _____

Trainer Name: _____

I agree to abide by all the regulations and by-laws governing the P.H.A.

Signature: _____

Mail to: FW-PHA, c/o Naomi Gauruder, 146 Branca Court, Milford, CT 06461

Questions? Contact: Naomi@BHManagement.com or (203) 650-3148