

Professional Horsemen's Association of America, Inc.
Application for Junior Membership
Long Island Chapter

Membership Year: Jan 1st-Dec. 31st

Junior Membership - \$15.00

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
E-mail: _____
Birthdate: _____

Make checks payable to LIPHA

Mail check and application to:

Dee Evans Jacobitti
P.O. Box 494
Commack, NY 11725