

Professional Horsemen's Association of America. Inc Long Island Chapter

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone:() _____ Evening Phone: () _____

E-mail: _____

Birth date: _____ Social Security# _____

Employer: _____

(person, stable, business)

Employer Address: _____

City, State, Zip: _____

Present Position: _____

Beneficiary: _____

(Professional members only)

Relationship to Beneficiary: _____

If accepted, I agree to abide by all the regulations and By-Laws governing the PHA.

Signature: _____

For Professional Membership Only:

(Signature of 2 LIPHA Professional Members needed)

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Life - \$750 donation to Scholarship Fund | Professional \$50 | Associate \$35 | Junior \$15

My check is enclosed for \$ _____

Make checks payable to LIPHA
Mail check and application to:
Dee Evans Jacobitti
P.O. Box 494
Commack, NY 11725