



Paso Fino Horse Association, Incorporated

4047 Iron Works Parkway, Suite 1, Lexington, KY 40511 (859) 825-6000 FAX (859) 258-2125 www.pfha.org

FIRST TIME BUYER MEMBERSHIP APPLICATION

NOTE: SELLER OF THE HORSE MUST BE A CURRENT PFHA MEMBER IN ORDER TO QUALIFY

FIRST TIME BUYER:

Last Name: _____ First Name: _____ Middle Initial _____

PFHA Membership Number: _____

If under the age of 18 as of September 1st, please provide your Date of Birth: ___/___/___ (MM/DD/YYYY)

If you want to participate as an Amateur Owner, check here ___ and submit an Application for Amateur Owner/Senior Amateur Owner Card. See PFHA Rule Book for Amateur Owner eligibility requirements.

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

E-Mail Address: _____ Signature: _____

Regional Voting Designation: Please select one PFHA region under which your vote will be counted at the national level. The PFHA delegate of your chosen region will represent you at upcoming Paso Fino Horse Association (PFHA) Board of Directors Meetings. If you do not select one of the choices below, your official regional voting designation will be determined by the geographical location of your address. The states within the regions are in parenthesis following the region's name.

<input type="checkbox"/> Central Canada (Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edwards Island, New Foundland)	<input type="checkbox"/> Florida (Southern FL zip codes 32900-33399, Puerto Rico, Caribbean, South America except Colombia)	<input type="checkbox"/> Mason Dixon (Washington DC, PA, MD, NJ, DE, WV zip codes 24900-25899, 26000-26899)	<input type="checkbox"/> Northwest (WA, OR, ID, MT, WY, AK, Canadian provinces of Alberta, British Columbia, Saskatchewan)
<input type="checkbox"/> Georgia (GA North of the direct line from Brunswick to Perry then due west to Columbus)	<input type="checkbox"/> North Florida (Northern FL zip codes 32000-32699, 34600-34699)	<input type="checkbox"/> Piedmont (NC, SC, WV zip codes 24700-24899, 259XX)	<input type="checkbox"/> Northeast (NY, VT, CT, MA, NH, ME, RI)
<input type="checkbox"/> Gulf (AL, GA South of the direct line from Brunswick to Perry, then due west of Columbus)	<input type="checkbox"/> Southern (West Central FL zip codes 32700-32899, 33500-34599, over 34700)	<input type="checkbox"/> High Plains (KS)	<input type="checkbox"/> Mid-America (ND, SD, NE, MN, IA, Canadian province of Manitoba)
<input type="checkbox"/> Deep South (LA zip codes 70000-70899, MS)	<input type="checkbox"/> Sunshine (East Central FL zip codes 33400-33499)	<input type="checkbox"/> Kentucky (KY)	<input type="checkbox"/> Ozark Empire (MO)
<input type="checkbox"/> South Western (LA zip codes 71000-71499, TX, OK, AR)	<input type="checkbox"/> California (CA, NV, HI, Central America)	<input type="checkbox"/> Great Lakes (WI, IL, IN, OH, MI)	<input type="checkbox"/> Tennessee Valley (TN)
<input type="checkbox"/> Europe	<input type="checkbox"/> Great Western (UT, CO, AZ, NM)	<input type="checkbox"/> Colombia	<input type="checkbox"/> Virginia Presidential (VA)
<input type="checkbox"/> None specified. Do not wish to affiliate with a regional group.			

HORSE BEING TRANSFERRED OR SOLD TO FIRST TIME BUYER: Horse's Name: _____

Horse's Registration Number: _____ Date of Transfer or Sale: ___/___/___ (MM/DD/YYYY)

SELLER/CURRENT OWNER OF THE HORSE:

Last Name: _____ First Name: _____ Middle initial _____

PFHA Membership Number: _____ Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

E-Mail Address: _____

I (Current Owner of the Horse "SELLER") _____ am a current member in good standing with the Paso Fino Horse Association. I certify that to the best of my knowledge (First Time Buyer) _____ is a first time Paso Fino horse buyer and therefore qualifies for a free one year individual membership to the Paso Fino Horse Association and is entitled to receive a one year subscription to the Paso Fino Horse World Magazine.

Signature: _____

INSTRUCTIONS FOR PROCESSING THIS FORM:

- This form is used to register the first time buyer of a Paso Fino horse as a member of the Paso Fino Horse Association (PFHA). PFHA memberships run from January 1st through December 31st. The first time buyer is provided one year free individual PFHA membership and one year subscription to the Paso Fino Horse World magazine (\$65 value). If the first time buyer wishes to become a member of a PFHA Region, he or she will need to submit a separate application to the region. Regional contact information is located on the PFHA website at www.pfha.org. The designation of a region on this form is for determining under which region your vote will be counted at the national level.
- The ORIGINAL Horse Registration Certificate for the horse being sold or transferred to the first time buyer must be submitted with this form. Complete the "Transfer of Ownership" block and the "Signature" block on the back of the ORIGINAL Horse Registration Certificate.
- The PFHA membership is free for the qualified first time buyer, a \$65 savings. Please remit the \$55 fee to transfer ownership for the horse. Note: Canada/Mexico memberships, please submit \$20 additional and all other countries, please submit \$70 additional. See following page.**
- If the new owner is eligible to be an Amateur Owner, please complete and submit an Application for Amateur Owner/Senior Amateur Owner Card. The Amateur Owner/Senior Amateur Owner Card Application can be downloaded from the PFHA website at www.pfha.org
- Mail this form plus the ORIGINAL Horse Registration Certificate and payment of \$55.00 for the transfer of ownership for the horse and, if applicable, the Amateur Owner/Senior Amateur Owner Card Application to: Paso Fino Horse Association; 4047 Iron Works Parkway, Suite 1; Lexington, KY 40511

FOR INTERNATIONAL, FAMILY, BUSINESS, & 3 YEAR MEMBERSHIPS, SEE FOLLOWING PAGE

FIRST TIME BUYER MEMBERSHIP APPLICATION (PAGE 2)

MEMBERSHIP TYPE: The First Time Buyer application provides a free \$65 value toward a PFHA membership. Additional payment is required for international, family, business, and three year memberships. Please select the appropriate membership type, and if necessary, fill out payment information below.

STANDARD MEMBERSHIP CATEGORIES: (All fees are in U.S. dollars)	One (1) Year Membership	Three (3) Year Membership
Individual – United States	<input type="checkbox"/> FREE	<input type="checkbox"/> \$100.00
Junior – United States Date of Birth Required ___/___/___	<input type="checkbox"/> FREE	<input type="checkbox"/> \$45.00
Family – United States (Includes second individual (over18) living at above address)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$160.00
Business/Corporation – United States	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$160.00
Individual – Canada & Mexico	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$160.00
Junior – Canada & Mexico Date of Birth Required ___/___/___	<input type="checkbox"/> FREE	<input type="checkbox"/> \$105.00
Family – Canada & Mexico (Includes second individual (over18) living at above address)	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$220.00
Business/Corporation – Canada & Mexico	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$220.00
Individual – All other international	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$310.00
Junior – All other international Date of Birth Required ___/___/___	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$255.00
Family – All other international (Includes second individual (over18) living at above address)	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$370.00
Business/Corporation – All other international	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$370.00

METHOD OF PAYMENT: (Do Not send cash.) Check/Money Order Payable to PFHA VISA MASTERCARD AMEX

Amount Paid \$ _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Card Holder's Name: _____

Card Holder's Address: _____

Card Holder's City: _____ State: _____ Country: _____ Zip: _____

Card Holder's Home Phone: _____ Cell Phone: _____ Work Phone: _____

Card Holder's Fax: _____ E-Mail Address: _____

Card Holder's Signature: _____