

**Mountain Pleasure Horse Association
Membership Application**

(Please print this page and fill in the following information to become a member)

Name _____

Address _____

City _____

State _____ **Zip** _____

Phone _____

Email _____

Type of Membership (please circle one)

Single (\$25.00)

Family (\$35.00)

Lifetime (\$500.00)

New _____ **Renewal** _____

List Family Members (if family membership)

Along with appropriate fee please mail to:

MPHA
P.O. Box 33
Wellington KY 40387

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