2018 PtHA of NYS Membership Application
and
2018 PtHA of NYS Youth Club Membership Application

_____ **FAMILY** – $35.00 (1 vote) _____ **INDIVIDUAL** – 19 years and over - $30.00 (1 vote)

_____ **JUNIOR** - $20.00 (no vote) – Youth Member Name_____ Date of Birth _____
Jr. Membership and Youth Club Membership – for those 18 & under as of January 1, 2017

********PtHA of NYS Youth Club membership is a separate membership with separate dues********
_____ **PtHA of NYS Youth Club Membership** – $10.00 per youth*****ANY YOUTH WHO IS WORKING TOWARD YOUTH CLUB OR MOTHER CLUB YOUTH YEAR-END HIGH POINTS AWARDS MUST BE A MEMBER OF THE PtHA of NYS EITHER AS A JUNIOR MEMBER OR BE INCLUDED IN A FAMILY MEMBERSHIP AND MUST ALSO BE A MEMBER OF THE PtHA of NYS YOUTH CLUB—**
Youth Club Member _____Jr or Sr_____DOB_____
Youth Club Member _____Jr or Sr_____DOB_____
As of January 1, 2018: Jr. Youth 13 & under; Sr. Youth 14-18

List all names to be included in a Family Membership (including birth dates of youth): **Family Membership includes** husband/wife and unmarried children 18 & under as of January 1, 2017, living at the same address and unmarried children 18 & under as of January 1, 2017, who are under the husband/wife's guardianship or custody living at the same address.

Amateur Member Name: _____
_____ **Jr. Amateur (19-39 as of 01/01/17)**
_____ **Sr. Amateur (40-54 as of 01/01/17)**
_____ **Elite Amateur (55 & over as of 01/01/17)**

Amateur Member Name: _____
_____ **Jr. Amateur (19-39 as of 01/01/17)**
_____ **Sr. Amateur (40-54 as of 01/01/17)**
_____ **Elite Amateur (55 & over as of 01/01/17)**

DONATION to the PtHA of NYS SCHOLARSHIP FUND (Optional):
$5.00_____ $10.00 _____ Other _____

Make checks or money order payable to "**PtHA of NYS**" (you may include Mother Club dues and Youth Club dues in one check) and send to: (if donating to the Memorial Scholarship Fund, add amount to check)

Karin Smith, Membership Chairwoman
PO Box 107, Tully NY 13159
nysptha@yahoo.com

****Please DO NOT send or give your membership dues to anyone but the designated person listed above. ****

*****Mother Club Dues and Youth Club Dues MUST BE PAID TO THE DESIGNATED PERSON LISTED ABOVE PRIOR TO THE START OF THE FIRST SHOW FOR WHICH YOU WANT POINTS TO COUNT*****

I HEREBY AGREE TO ABIDE BY THE BY-LAWS AND CONSTITUTION OF the PtHA of AMERICA AND the PtHA of NYS.

_____ _____
Signature Date

_____ _____
Signature Date

Name (please print clearly)_____
Mailing Address_____
City _____State_____ Zip _____
Phone (___) _____
e-mail address (see NOTE below)_____
Any changes in your address/phone/email, contact Karin Smith at nysptha@yahoo.com

****NOTE: Club information and updates will be posted to our website www.nypinto.org and our Facebook page "Like us" at Pinto Horse Association of New York State. Please provide an e-mail address. All 2018 Club correspondence will be sent via email, including election ballots.**

FOR OFFICE USE ONLY FOR OFFICE USE ONLY
Mother Club Membership Received _____ **Youth Club** Membership Received _____
Paid: Check #_____ Cash _____ Paid: Check #_____ Cash _____
Acknowledged Membership _____Acknowledged Membership _____