



**NEW JERSEY PINTO HORSE ASSOCIATION, INC.
2020 Membership Application Form**

Membership is from Jan. 1st 2020 thru Dec. 31st 2020

____ **New Membership**

____ **Membership Renewal**

Name _____ **Birth Date** _____ **Age** ____ **PtHA #** _____

Name _____ **Birth Date** _____ **Age** ____ **PtHA #** _____

Name _____ **Birth Date** _____ **Age** ____ **PtHA #** _____

Name _____ **Birth Date** _____ **Age** ____ **PtHA #** _____

Street Address _____

City: _____ **State:** _____ **Zip code:** _____

Telephone: _____ **Cell:** _____

Email: _____

**** For 2020 - \$5 discount on all Memberships received by 3/1/2020 Must be received by that date ****

Membership Dues: ____ **Youth (\$15)** ____ **Single (\$20)** ____ **Family (\$25)**

Youth – No Vote / Single – 1 vote / Family – Husband, Wife and all children under 18 yrs old 2 votes

Make Checks payable to “NJPtHA” and mail to :

**Any questions contact : Karen
856-306-1680**

**NJPtHA
Karen Mokuau
117 Old Burlington Rd
Bridgeton NJ 08302**

Signature _____

Date _____

******* Note: To be eligible for YEAR END AWARDS you must also fill out the SPONSORSHIP below and pay the appropriate fees *******

Year-End Awards: Y / N Sponsorship Amount \$35 _____ Class Sponsoring _____

Office Use : Received : _____ Check # _____ Membership # _____