



NEW JERSEY PROFESSIONAL HORSEMAN'S ASSOCIATION

MEMBERSHIP APPLICATION FOR THE HIGH SCORE AWARD PROGRAM

I hereby make application for the _____ membership year

My check is enclosed for \$ _____

* NAME _____ * BIRTH DATE _____

* ADDRESS _____

* CITY _____ * STATE _____ * ZIP _____

* TELEPHONE _____ E-Mail _____

USEF # _____

* TRAINER: _____

* FARM/BARN/STABLE NAME: _____

* ADDRESS _____

If accepted, I agree to abide by all the regulations and by-laws governing the association.

* Signature _____ Date _____

* Signature of parent of minor child _____

Please make check payable to: NJPHA and mail to:

Adele Murphy
19 DeForrest Ave.
Red Bank, NJ 07701

Life Membership: \$250.00
High Score: \$25.00
Farm/Organization: \$50.00 **

* Required Field

** One time fee. Owner/Officer of the Farm/Organization must be a High Score or Professional Member in good standing.