

## 2018 PINTO HORSE ASSOCIATION OF WESTERN WASHINGTON (PTHAWW) MEMBERSHIP APPLICATION

Membership is open to any person of moral character who is interested in Pinto horses, ponies or miniatures and in the purpose of the national organization. Individuals under the age of 16 shall be junior non-voting members. Senior voting members are persons 16 years and older. For the purpose of show management, youths are those 18 years old and under.

Membership cost is \$20.00 per person or \$30.00 per family if paid by April 1, 2018. After April 1, cost is \$30.00 per person or \$40.00 per family. Membership is for the period January 1 through December 31. Points will count towards year-end awards starting from the date membership fees are paid.

\*\* ALL INFORMATION NEEDS TO BE COMPLETED \*\* Use additional sheet if needed

Check one: Individual Membership \_\_\_\_ Family Membership \_\_\_\_ (Family = parent/s plus 18 & under immediate family)

NAME OF MEMBER(s)	BIRTHDATE	DIVISION
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Divisions are as followed:

Leadline 8 & Under	Walk/Trot 11 & Under	Open
Junior Youth 13 & Under	Senior Youth 14-18	
Junior Amateur 19-39	Senior Amateur 40 & Over	

Horse Statistics: Please print all information on all Pintos owned or leased. INCLUDE COPY OF LEASE FORM. Please update for year-end awards. Use additional sheet if necessary.

REGISTERED NAME	*CATEGORY	**SEX	***TYPE	OWNER OR LESSEE

\* Use H for Horse      P for Pony      MA for Miniature A      MB for Miniature B      UT for Utility  
 \*\* Use M for Mare or Filly      G for Gelding      S for Stallion or Colt      SR for Solid Registry  
 \*\*\* Use PL for Pleasure Type      ST for Stock Type      SA for Saddle Type      HU for Hunter Type

\*\*\* MAKE CHECK OR MONEY ORDER PAYABLE TO PTHAWW \*\*\*

MEMBERSHIP TOTAL \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ OR MONEY ORDER

I/We do hereby agree to abide to the By-Laws of the Pinto Horse Association of Western Washington and to uphold, to the best of my/our ability, the standards set by the association.

NAME OR FARM NAME \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SEND COMPLETED APPLICATION WITH CHECK OR MONEY ORDER TO:

Please send to: Lynn Jacobs  
 2533 Green Ct SW  
 Olympia, WA 98512

**THIS FORM IS ONLY FOR PTHAWW & MUST BE FILLED OUT SEPARATE FROM SHOW FORMS FOR MEMBERSHIP DUES**