

2025 UPHA MEMBERSHIP APPLICATION

MEMBERSHIP YEAR: DECEMBER 1 THROUGH NOVEMBER 30

MEMBER INFORMATION				
Name:	□New	□Renewal	UPHA #:	
Mailing Address:				
City:	State: Zip:		_ Country:	
Phone:	Alt. Phone:			
E-mail:	Date of Bir	th (required):		
Breed/Discipline Affiliation (required):An	nerican SaddlebredArabia	anHa	ckneyMorganNSH	
RoadsterSaddle SeatOther:				
 I affirm that I will abide by the UPHA OUPHA Social Media Policies (which may compliance. 				
 UPHA requires its members to be comp Protecting Young Victims From Sexual on the UPHA website) By joining UPHA 	Abuse and Safe Sport Authori	zation Act of 2		
MEMBERSHIP TYPE				
* New Professional Members			\$65.0	
must have been a professional horseman (tra membership per Bylaw Article III. Any persor is ineligible for Professional Membership in U professional bio and have the signature of the professional horseman for at least one year p	n holding a current United Stat PHA. All new UPHA Profession eir local Chapter Chairperson a	es Equestrian F nal Member ap acknowledging	Federation (USEF) Amateur card oplicants must submit a	
Signature of Chapter Chairperson		Printed Na	ame of Chapter Chairperson	
☐Young Professional (Professionals 18 to 40 y	o ,			
☐ Annual Professional			\$65.00	
☐ Lifetime Professional			• •	
Annual Associate (Available to any person		• •		
☐ Lifetime Associate				
☐ Junior Member (Individuals who have not	yet reached their 18 th birthday	/ on 12/01/202	.1)\$35.0	
SUPPORT				
YES, I want to make a donation to the	UPHA Foundation		\$	
INFORMATION				
☐ I DO NOT wish to receive Constant Conta	cts (UPHA e news).			
PAYMENT INFORMATION Make check payar	•			
☐ Check/Money Order (U.S. Funds ☐ Master	Card 🗖 VISA 🗖 Am	nerican Express	;	
Card #:		Exp. Date:	CVV#	
Billing Address of Card:				
Card Holder Signature:	Card Holder N	Card Holder Name (Print):		

PLEASE SEND YOUR COMPLETED FORM TO