



Membership Application

Membership Year – January 1, 20__ to December 31, 20__

Name(s) _____

Farm Name _____

Address _____

City _____ State _____ Zip _____

Phone # H _____ Cell _____

Email Address _____

Children and/or Grandchildren Names _____

(Applicable to those under 18 years of age)

Membership Fee (circle one)

Individual — \$15

Couple — \$20

Family — \$25

MEMBERSHIP ELIGIBILITY: Article Four, Section A-1: Any person interested in the purposes and objectives of this association shall be eligible for membership:

ASSOCIATION PURPOSES: Article Three, Section A-1: The goals and objectives of this Association shall in the broadest sense include, but not be limited to: educate, instruct, inform, enlighten and interest people in proper methods of Paso Fino care, treatment, training, handling, grooming, and riding techniques; sponsor and conduct horse shows, clinics, forums, seminars, exhibits and workshops; and publish articles, distribute literature, periodicals, and films intended to enhance, improve, promote, cultivate and protect the breeding practices, characteristics and heritage of the Paso Fino horse.

CHECK TVPFHA MEMBERSHIP QUESTIONNAIRE (Optional)
 Yes No TVPFHA's activities are based on the interests of its members:
 please answer all questions that apply.

This is a TVPFHA renewal membership?

Choose I am or am not (circle one) a members of PFHA PFHA # _____

I am interested in trail rides.

I am interested in showing Paso Finos.

I would like to participate in Paso Fino promotions, such as parades, fun show, breed demonstrations and/or (ideas are welcome)

I would like to assist with TVPFHA horse show(s).

This is my first horse experience.

Fill-in I own _____ (number) Paso Fino horse(s). I am looking for _____ additional Paso Finos.
 Stallion _____ Colt _____ Mare _____ Filly _____ Gelding _____

Choose I have Paso Finos for Sale.

FREE MEMBERSHIP

This is my 1st Paso Fino _____ Sponsoring Member's Signature _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Please make check payable to "TVPFHA" and remit to:

Melissa Berthelson, 11720 Macon, Eads, TN 38028