



**United Professional Horsemen's Association, Inc.**

4059 Iron Works Parkway, Suite 4, Lexington, KY 40511

**APPLICATION FOR MEMBERSHIP**

**ACTIVE**

The undersigned applicant states that he or she is or has been a bonafide professional horseman or horsewoman for a period of at least one year prior to application.

**ASSOCIATE**

The undersigned applicant states that he or she is not a bonafide professional horseman or horsewoman but is interested in the show horse industry.

**New Member**

**Reinstatement**

Please Type or Print

**Mr.  Mrs.  Ms.  Miss**

Name \_\_\_\_\_ Date \_\_\_\_\_

Stable or Farm Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Breed/Involvement \_\_\_\_\_ UPHA Chapter \_\_\_\_\_

Annual Dues \$50

\_\_\_\_\_  
Signature of Sponsor (Active Applicants Only)

\_\_\_\_\_  
Signature of Applicant