



High Desert Pinto Horse Association

www.highdesertpinto.com

Name: _____ Date: _____ PtHA Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Cell# () _____

E-mail Address: _____ Website: _____

Spouse: _____

Children: _____ DOB: _____

_____ DOB: _____

New Member: _____ Renewal _____

Membership Type

Single Memberships (19 And Older) Voting Privileges \$15.00 _____

Youth Membership (18 And Under) No Voting Privileges \$15.00 _____

Family Memberships (2 adults and children) \$25.00 _____

I hereby release the High Desert Pinto Horse Association (HDPtHA) and or anyone connected with this association from any responsibility or liability resulting from any accident or injury to any of the above named or any thereby related members, while participating in any activities sponsored by HDPtHA or it agents. Signing this application binds all members and or horses owned or shown by said member(s) to HDPtHA rules, PtHA rules, HDPtHA membership rules and this hold harmless agreement.

Signature: _____ Date: _____

Please make checks payable to: High Desert Pinto Horse Association

Check Number: _____ Cash: _____ Date: _____

**Mail Membership Application to :
HDPtHA Membership
990 E. Wesley St. Banning, CA. 92220**