



Membership Application

Membership Year - October 1, 20____ to September 30, 20____

Name(s) _____

Farm Name _____

Address _____

City _____ State _____ ZIP _____

Phone # H (____) _____ Cell (____) _____

E-Mail Address _____

Children Names _____

(Children must be under 18 years of age to be included on parents application)

Membership Fee: (circle one)
 Individual \$15 Couple \$20 Family \$25

Update and include this information in the yearly membership directory and membership mailing list.

**YES / NO
 (CIRCLE ONE)**

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 work-shops; 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	Tennessee Valley's activities are based on the interests of its members; please answer all questions that apply.	
		This is a Tennessee Valley renewal membership	
Choose		I am or am not (circle one) a member of the National PFHA	PFHA # _____
		I am interested in trail rides.	
		I am interested in showing Paso Fions	
Fill-In		I would like to participate in Paso Fino promotions such as parades, riding, fun shows, breed demonstrations, and / or <i>(ideas are welcome)</i>	
		I would like to assist with the Tennessee Valley Paso Fino Horse Show	
		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 _____
		I have Paso Finos for Sale	

FREE MEMBERSHIP - This is my 1st Paso Fino _____ Sponsoring Members Signature _____

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____

Please make checks payable to "TVPFHA" and Return to: **Mary Beth Roland**
 6844 Pull Tight Hill Road
 College Grove, TN 37046
 615-791-7128