

2024 CPHC MEMBERSHIP APPLICATION

(Renewed Annually)

PLEASE MAKE SURE ALL DATA IS CLEAR AND PRECISE/include Email address

Note: All show Managers, Coaches and Trainers must be members of the CPHC

Date of Application _____
12/1/ ____ to 11/30/ ____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home/work/cell) _____

Email: _____

Membership: ___ Family (\$60.00) ___ Individual (\$30.00 ___ Junior ___ Senior)
(3 or more persons)

Junior Members: Please list your name and date of birth below.

| Name | Date of Birth |
|-------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

All Members: Please list any animals currently listed with the CPHC:

Please make sure the above information is complete and correct. Check/cash must accompany this form. Note: ALL RIDERS AND HORSES MUST BE MEMBERS FOR POINTS TO COUNT TOWARD YEAR END AWARDS. Thank you.

Official Use Only: Check # _____ \$ _____ Cash _____ \$ _____
DATE RECEIVED: _____ M# _____ H# _____

Send Application to (Check payable to CPHC):

Sharon Jodon
2925 Halfmoon Valley Road
Port Matilda, PA 16870
814-360-9116