



2020 UPHA MEMBERSHIP APPLICATION

MEMBERSHIP YEAR: DECEMBER 1 THROUGH NOVEMBER 31

MEMBER INFORMATION

Name: _____ New Member

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Alt. Phone: _____

E-mail: _____ Date of Birth (required): _____

Breed/Discipline Affiliation (required): American Saddlebred Arabian Hackney Morgan
 NSH Roadster Saddle Seat Other: _____

- I affirm that I will abide by the UPHA Code of Ethics as outlined in Bylaw Article III. Members, Section 14 (which may be found on the UPHA website). By joining UPHA you acknowledge your compliance.
- UPHA requires its members to be compliant with Federal and State laws regarding SafeSport training per s. 534 Protecting Young Victims From Sexual Abuse and Safe Sport Authorization Act of 2017. (pdf of S.534 may be found on the UPHA website) By joining UPHA you acknowledge your compliance.

MEMBERSHIP TYPE

New Professional and first year Associate members joining UPHA March-June 1 are eligible for a discounted annual membership. Individuals may join on line using the discount code New2020 or complete this application and mail to the The UPHA office. All documentation for New Professionals must be received by June 1 for discount.

New Professional Members.....\$35.00

All new professional members must apply and be approved by the UPHA Board of Directors. A new professional member must have been a professional horseman (trainer/riding instructor) for at least one year prior to applying for Professional membership per Bylaw Article III. Any person holding a current United States Equestrian Federation (USEF) Amateur card is ineligible for Professional Membership in UPHA. All new UPHA Professional Member applicants must submit a professional bio and have the signature of their local Chapter Chairperson acknowledging the applicant has been a professional horseman for at least one year prior to the application being processed.

Signature of Chapter Chairperson

Printed Name of Chapter Chairperson

Please attach Professional Bio.

What year did you last show as an amateur? _____

Have you declared Professional status with USEF? Yes or No _____ USEF Membership Number (if applicable) _____

First Year Annual Associate..... \$35.00

SUPPORT

YES, I want to make a donation to the UPHA Foundation.....\$ _____

INFORMATION

I DO NOT wish to receive Constant Contacts (UPHA e news).

PAYMENT INFORMATION

Make check payable to UPHA. A 4% convenience fee will be added to all credit card transactions.

Check/Money Order (U.S. Funds) MasterCard VISA American Express

Card #: _____ Exp. Date: _____ CVV# _____

Billing Address of Card: _____

Card Holder Signature: _____ Card Holder Name (Print): _____

PLEASE SEND YOUR COMPLETED FORM TO

UPHA, 4059 Iron Works Parkway, Suite 2, Lexington, KY 40511 or RENEW ONLINE, go to www.uphaonline.com*

*New Professional Members MUST join via mail and include Chapter Chair signature and professional bio.