



MEMBERSHIP APPLICATION

Applicant Information

Name: _____

SSN: _____ Phone: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Membership fee is \$50.00. Mail to:

**Kentucky Harness Horsemen's Association
1700 Alexandria Drive, Suite 4
Lexington, KY 40504**