

KHHA MEMBERSHIP APPLICATION -- \$50 FEE

APPLICANT INFORMATION

Name:

SSN:

Phone:

Permanent address:

City:

State:

ZIP Code:

Email:

MEMBERSHIP FEE IS \$50 MAIL TO:

KENTUCKY HARNESS HORSEMEN'S ASSOCIATION
1700 ALEXANDRIA DR, SUITE 4
LEXINGTON, KY 40504
859-585-0505