

2025 Membership Application



Please return this completed form with your dues to the PHHA offices in person or mail to:
PHHA, 1001 Harrah's Blvd., Chester, PA 19013

DUES: \$40 per year payable by check or money order to:
Pennsylvania Harness Horsemen's Association
Cash is accepted in person only.

Personal Information

NAME

STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE

MOBILE PHONE

EMAIL ADDRESS

USTA#

MEMBERSHIP TYPE (CHOOSE ONE)

Owner Driver Trainer Other _____

SIGNATURE

By submitting this application, I agree to comply with all terms and conditions of membership. Failure to comply may result in termination of my membership.

PLEASE NOTE: Submittal of this application does not guarantee acceptance. Applications will be reviewed for eligibility and applicants notified of their status.

PHHA.ORG

FOR OFFICE USE ONLY

Date Received _____/_____/_____

Date Sent _____/_____/_____

Paid by Check Cash MO