



## 2025 Iowa Pinto Horse Association Membership Application

All expires 12/31 in current year  
**Single \$25 / Family \$40 / Youth \$15**  
New \_\_\_\_\_ Renewal \_\_\_\_\_

Primary Member Name: \_\_\_\_\_

PtHA Member ID: \_\_\_\_\_ Iowa Member ID: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse PtHA Member ID: \_\_\_\_\_ Amateur \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- By checking this box, I authorize the Iowa Pinto Horse Association to send me email and text message updates.  
 I/We agree to abide by the rules of the Iowa Pinto Horse Association. All information given is true, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Iowa Pinto Horse Association Youth Membership Application

Name: \_\_\_\_\_

PtHA ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_

PtHA ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_

PtHA ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_

PtHA ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Return with payment to:  
Hillary Miller,  
107 9th ST SE,  
Altoona, Iowa 50009

Office Use: Check # _____ Amount _____ Date Received: _____ Card Mailed: _____
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