



2026 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/Cell Phone: _____ Birthdate: _____

*Email (please write clearly): _____

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 Family 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, Ia 50009

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