



**2017 MEMBERSHIP APPLICATION**  
**FORT ARMSTRONG HORSEMEN'S ASSOCIATION**  
 www.crookedcreekhorsepark.com

**Membership Year is April 1, 2018 to March 31, 2019**

(Please Note: This is a 2-page form) Sign the Hold Harmless Agreement/Release Waiver on page 2 return all necessary forms with your payment. Memberships will NOT be processed unless all necessary pages are completed.

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

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

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

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

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

Family membership is two adults and children under the age of 21 living in the same household. Please list the names of family members and ages of children. All children MUST have a medical authorization form on file with FAHA prior to participation IN ANY EVENT:

Individual Membership: \$35.00

Trail Map \$5.00

Family Membership: \$45.00

Newsletter mailed: \$5.00

TOTAL DUE: \_\_\_\_\_

Adult #1 Name: \_\_\_\_\_

Adult #2 Name: \_\_\_\_\_

**Children:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

MAIL FORMS & CHECK MADE PAYABLE TO: FAHA  
 MAIL TO: TINA ZANOTTO  
 PO Box 124 Apollo, PA 15613  
 Membership Contact # 724-331-4430  
 Email: [crookedcreekhorsepark@gmail.com](mailto:crookedcreekhorsepark@gmail.com)

