



2019 MEMBERSHIP APPLICATION  
FORT ARMSTRONG HORSEMEN'S ASSOCIATION  
www.crookedcreekhorsepark.com

**Membership Year is January 1, 2019 to December 31, 2019**

Name (Adult #1): \_\_\_\_\_

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.

Individual Membership: \$35.00\*  Trail Map \$5.00

Family Membership: \$45.00\*  Newsletter mailed: \$10.00

\*If paying prior to January 1, 2019, Individual \$30, Family \$40, after January 1, prices as above.

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

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 APPLICATION & CHECK MADE PAYABLE TO: FAHA

MAIL TO: Membership Committee  
PO Box 124  
Apollo, PA 15613

Membership Contact # 724-331-4430  
Email: [crookedcreekhorsepark@gmail.com](mailto:crookedcreekhorsepark@gmail.com)