



2020 MEMBERSHIP APPLICATION
FORT ARMSTRONG HORSEMEN'S ASSOCIATION
www.crookedcreekhorsepark.com

Membership Year is January 1, 2020 to December 31, 2020

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

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

C/O Cari Wh

512 Lime Lane

Greensburg, PA 15601

Email: crookedcreekhorsepark@gmail.com

Cari@hworley3.com