**2021 MEMBERSHIP APPLICATION**

**FORT ARMSTRONG HORSEMEN’S ASSOCIATION**

www.crookedcreekhorsepark.com

**Membership Year is January 1, 2021 to December 31, 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | $40.00 🞎 | Trail Map | $5.00 🞎 |
| Family Membership | $50.00 🞎 |  |  |
|  |  | 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 Amy KcKinney

PO Box 530

Kittanning PA 16201

Email: crookedcreekhoursepark@gmail.com