

# KENTUCKY HARNESS HORSEMEN'S ASSOCIATION

## MEMBERSHIP APPLICATION

YOUR FULL NAME:

SOCIAL SECURITY #:

PERMANENT ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

CELL PHONE:

USTA NUMBER (REQUIRED):

FOR LIABILITY PURPOSES OF 3<sup>RD</sup> PARTY LIABILITY INSURANCE, YOU MUST LIST LOCATION OF FARM TRACK IF YOU HAVE ONE:

FOR LIABILITY PURPOSES BIKE INSURANCE, ALL OWNERS, TRAINER AND DRIVER MUST BE CURRENT MEMBERS OF K.H.H.A., FEE \$35.00

PLEASE MAIL YOUR COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

KENTUCKY HARNESS HORSEMEN'S ASSOCIATION

1700 ALEXANDRIA DR., SUITE #4

LEXINGTON, KY 40504

PH: (800) 729-2026