**2024 MEMBERSHIP APPLICATION**

**FORT ARMSTRONG HORSEMEN’S ASSOCIATION**

www.crookedcreekhorsepark.com

**Membership Year is January 1, 2024 to December 31, 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Adult #1) | | | |
| Adult #2 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Individual Membership | $40.00 🞎 |  |  |
| Family Membership | $50.00 🞎 |  |  |
|  |  | TOTAL DUE: |  |

**Children:**

|  |  |
| --- | --- |
| Name | Date of Birth \_\_/\_\_/\_\_ |
| Name | Date of Birth \_\_/\_\_/\_\_ |
| Name | Date of Birth \_\_/\_\_/\_\_ |
| Name | Date of Birth \_\_/\_\_/\_\_ |
| Name | Date of Birth \_\_/\_\_/\_\_ |

If not submitting electronically then mail application & check made payable to FAHA to: Membership Committee ----- Fort Armstrong Horsemen’s Association 467 Crooked Creek Dam Road, Ford City, PA 16226

Email: crookedcreekhorsepark@gmail.com