

UTAH ALL BREED HORSE ASSOCIATION

Application for UABHA 2010 Membership

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Participating Children: _____

Single Junior: \$10.00

Single Adult: \$20.00

Family: \$30.00

(2 adults and any youth under 18yrs old of immediate family)

Amount enclosed: \$ _____

Signature: _____

Date: _____

Make all checks payable to: UABHA

Mail to: UABHA

113 N. 750 W.

Layton, Utah 84041