

UTAH ALL BREED HORSE ASSOCIATION
Membership Application for 2024

Member's Name: _____

Participating Children: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Single Junior: **\$15.00**
(17/Under)

Single Adult: **\$30.00**

Family: **\$50.00**
(Parents and any youth under 18yrs old of
immediate family living in the same
household.)

Amount enclosed: \$ _____

Payment Options:

Check

Venmo
@UABHA

Credit Card

(a 3% fee will be added)

Exp _____ CVV _____

Billing Zip _____

Signature _____

Mail to: UABHA
113 N. 750 W.
Layton, UT 84041