

UTAH ALL BREED HORSE ASSOCIATION
Membership Application for 2026

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
4587 W. 4350 S.
West Haven, UT
84401