



HHA MEMBERSHIP FORM

ANNUAL INDIVIDUAL MEMBERSHIP \$40

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

COUNTRY: _____

POSTAL CODE: _____

PHONE 1: _____

PHONE 2: _____

EMAIL: _____

WOULD YOU LIKE TO BE INCLUDED ON OUR EMAIL LIST?

YES

NO

MAKE CHECKS PAYABLE TO: HUNGARIAN HORSE ASSOCIATION OF AMERICA (HHA)

REMIT FORM & PAYMENT TO:

Lorraine Heath
209 Hillview Dr,
Peterborough, Ontario
K9K 2N2, Canada
Email: leheath8@yahoo.com

For questions regarding REGISTRATION, TRANSFER OF OWNERSHIP or DNA TESTING contact:

Petra Mann, HHA Registrar

Email: hhaaregistrar@gmail.com



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