

			LICATIO		
Last Name	First Name		Birth date	New/ Renewal	Rider Award Fe
Address:					
City:			State	Zip	
E-Mail Address*:*Please leave blank if yo	ou DO NOT wis	h to receive our e	electronic newslett	Phone ter	
Belong to a Club? Yes or	No Name of	Club			
*Individual - or	\$30.00		\$	_	
*Family -	\$50.00		\$	_	
**Award Fee -	\$25.00 x	Riders	\$	_ (See rule below)	
Membership Ye	ar August 1st thi	ru July 31st			

Please make check or money order to PSHA and mail to: PSHA Treasurer, Shannon Fadden, 4800 Malaga Hwy, Malaga, WA 98828 509-670-7358 or psha.treasurer@gmail.com

\*\*Awards fee of \$25 per rider that can be paid at any time up until the start of State Finals. If the Awards fee is not paid, you will not be eligible to ride at State Finals or eligible for any PSHA Awards. This can be paid in the

with children of their own, must pay a separate family membership.

form of a sponsorship of \$50 raised by July 31st.