



PERCHERON HORSE ASSOCIATION OF AMERICA

P. O. Box 141, FREDERICKTOWN, OH 43019

MEMBERS OUTSIDE THE UNITED STATES

Due to bank charges, we can no longer accept checks marked US Funds, checks must be written from a United States dollar account or a money order.

October 1, 2023

Member(s) named on the mailing envelope:

**Your 2024 Membership Renewals
are due Nov. 1, 2023**

Pay by check drawn on United States dollar account, money order, or credit card. Complete form below and mail with your payment.

To pay by credit card---Complete form below, including credit card information and mail to: Percheron Horse Association, P. O. Box 141, Fredericktown, OH 43019 or Fax to 740-694-3604 or E-mail your completed form to percheron@percheronhorse.org

To pay by phone---Call 740-694-3602, Monday through Friday, 8 AM to 4:30 PM EST.

To pay online---Login to DigitalHorses, click Renew and then Pay Online Now. Need help with your login? Contact the office.

To renew your membership and to insure proper credit, please complete the form below and mail with your check, money order or credit card information.

☐ I am enclosing my 2024 membership dues, **US-\$40, Canadian-\$50, International-\$80**

☐ I am enclosing my 2024-2025-2026 membership dues, **US-\$100, Canadian-\$130, International-\$190**

☐ I'd like to become a lifetime member. **\$1,000**

☐ **Percheron Calendar**---I am enclosing an extra \$15, please send me the new 2024 Percheron Calendar, with 12 full color pictures. (2 for \$25; 3 for \$35, 4 to 9, \$10 each; 10 or more, \$9.00 each). *Ohio residents only, add 7% Ohio sales tax on calendar orders.*

ORDERS SHIPPED OUTSIDE THE UNITED STATES, PLEASE CONTACT THE OFFICE FOR POSTAGE COSTS.

☐ I am enclosing \$ _____, as a donation to the World Percheron Congress

Name(s) _____ e-mail _____

Mailing Address, Street, Rt., etc. _____

City _____ State _____ Zip _____ Phone _____

For Office Use Only

2024 Dues \$ _____

2024, 2025, 2026 Dues \$ _____

____ 2024 Cal. \$ _____

Ohio Sales Tax 7%* \$ _____

W.P.C. Donation \$ _____

Other _____ \$ _____

Total \$ _____

Date _____ By _____

Check # _____ Shipped _____

* On Calendars only.

**Pay Three Years
SAVE
\$20**

For Credit Card Payment Only!

Number _____ Expiration Date _____

Name(s) on Card _____ Zip Code for Card Billing Address _____

Signature _____