

PREFIX REGISTRATION APPLICATION FORM

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone No. _____

Cell _____

Email _____

Farm Name: _____

Web site URL _____

PREFIX Choice # 1 _____

Choice # 2 _____

Choice # 3 _____

**Be sure to check the list of existing Prefix to avoid selection of an existing Prefix.
Duplicate Prefix's will not be allowed.**

Fee \$ 30

Make check to PMHA

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Revised October 2012