



PLTA MEMBER REGISTRATION FORM

Welcome!

Thank you for joining the PLTA.

We look forward to sharing our knowledge, events, and love of llamas with you.

PLTA Membership fees as of March 2026

Membership Type	Fee	Covers	Check One
Associate * (insurance coverage only):	\$10 per day	1 individual	<input type="checkbox"/>
Individual:	\$30 per year	1 Individual	<input type="checkbox"/>
Family:	\$45 per year	2 Adults and children under 18 living under the same roof	<input type="checkbox"/>
Youth Club:	\$50 per year	2 Adults & 10 children under 18	<input type="checkbox"/>
Total Payment to PLTA			\$

***All persons of** present at a PLTA sanctioned event must be an Associate.
This provides for PLTA insurance coverage in the event of injury.

Membership Contact Information (Please Print Legibly):

Date: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- Check this box if you **do not** want your contact information shared in a PLTA Member Directory.
- Check this box if you **do not** want your contact information shared outside the PLTA membership
- Check this box if you DO NOT want images of your members shared in public media**

Please list persons to be covered by this membership (Please Print):

Name	Adult	Child
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>