

American Paint Horse Association

Membership Application

Name: _____

Were you a member in the past? Yes No If yes, your Member ID #: _____

Street: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Telephone: _____ E-mail: _____

Membership Level

Junior, Annual—\$15 Date of Birth: _____ Junior, J-Term—\$100 Date of Birth: _____

(Expires 12/31 of 18-year-old year)

Annual—\$35 Lifetime—\$400 3-Year—\$75 5-Year—\$125

Method of Payment

Check or money order enclosed or please charge to my: MasterCard VISA

In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

Card No.: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Please return completed form and payment to:



American Paint Horse Association

Attn: Accounting • P.O. Box 961023 • Fort Worth, Texas 76161-0023

(817) 834-APHA (2742) • FAX (817) 834-3152 • apha.com