

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](http://apha.com)