

Membership Application



American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161-0023
(817) 834-APHA (2742) • Fax: (817) 834-3152
apha.com • askapha@apha.com

Please return completed form and payment to the address listed at left.

Current APHA/AjPHA membership required to exhibit and/or receive awards. Go to apha.com to subscribe to My APHA Plus, a member subscription service.

Name: _____

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

Street: _____

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

Country: _____ Date of Birth: _____

Daytime Telephone: _____ E-mail: _____

Membership Level

Adult

- One-year – \$45
- Three-year – \$105
- Five-year – \$175
- Lifetime – \$750

Birth Date: ____/____/____

Junior (18 or younger)

- One-year – \$25
- Three-year – \$55
- J-term – \$125

Birth Date: ____/____/____

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

This \$125 can be applied to the purchase of a lifetime adult membership when applicable.

Programs and fees are subject to change without notice.

Method of Payment

Check or money order enclosed. **Do not send cash.**

Check Processing Policy:

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

MasterCard Visa American Express

If paying by credit card, please complete the following:

Card No.: _____ Exp. Date: _____ CVV#: _____

Name on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

(Address of card holder if not the same as person above.)

Daytime Phone: _____ Email: _____

Signature: _____