

# 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: \_\_\_\_\_

## Stay Connected!

Check here to receive your quarterly member magazine via email.

## Membership Level

Junior, Annual—\$20

Junior, 3-Year—\$40

Junior, J-Term—\$100 Date of Birth: \_\_\_\_\_

*(Expires 12/31 of 18-year-old year.) This \$100 can be applied to the purchase of a lifetime adult membership when applicable.*

Annual—\$40

3-Year—\$90

5-Year—\$150

Lifetime—\$500

*Programs and fees are subject to change without notice.*

Save \$5.00 if renewed on-line prior to expiration of current membership

## Method of Payment

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

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

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Street: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Go to [apha.com](http://apha.com) to subscribe to my APHA Plus a members subscription service.

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)