

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 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