Affidavit for Name Change

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 print or type

- The name of a registered Paint Horse can be changed if the horse:
  1. has not started on any APHA-recognized track,
  2. has not earned one or more points in an APHA-approved show or contest, has not been named Grand or Reserve Champion or established a show record based on class wins,
  3. has no registered offspring, or
  4. has not compiled a record in programs recognized by APHA, such as PAC (Paint Alternative Competition Program) or Ride America®.
- If your Paint Horse meets these qualifications:
  1. Submit the original registration certificate.
  2. Complete this form and have it notarized. Telephone confirmation is NOT acceptable.
  3. Submit current left and right sideview photographs of the horse.
- If a name change request is received, along with a request for transfer of ownership, it may be necessary to obtain an Affidavit for Name Change from the previous owner. This will be determined by APHA upon receipt of the name change request and transfer. All forms must be received in the APHA office before the name change can be completed.
- Please provide at least three name options. Do not use punctuation marks or numbers. Name may not exceed 21 characters and spaces combined. Do not use names that sound similar to existing names, even if spelled differently.

Notary

- This form must be notarized and completed in its entirety.
- International members may submit a photocopy of a photo ID in lieu of notarization.

Fees

- All fees subject to change.
- An office processing fee of $25 will be charged on all work not processed to completion.

Membership

- The owner must have a current membership in the same name that the horse is owned. Memberships begin the same month affidavit is postmarked.
- For more information, please call MemberCare at 817-222-6423 or e-mail *askapha@apha.com*.

Online Access

- My APHA (free to members). Includes online stallion breeding reports and foal registrations.
- APHA Basic - $25 per year. Includes pedigrees, perfor-mance records, progeny records and show re-sults.
- APHA Plus - $14.95 per month; $99 per year. Includes "My Barns", Color Calculator, show records and extras.

To be Completed by Owner of Record

Current Registered Name of Horse: _____

Registration Number: _____

List three new name choices in preferential order:

First Choice: _

Second Choice: _

Third Choice: _

I certify that the above mentioned horse

1. has not started on an APHA recognized track;
2. has not earned one or more points in an APHA recognized show or contest, has not been named Grand or Reserve Champion or established a show record based on class wins;
3. has had no registered offspring;
4. has not compiled a record in programs recognized by APHA, such as PAC (Paint Alternative Competition Program) or Ride America®.

Signature of Recorded Owner:

X_____ Date: _____/_____/_____

Notary Public: Subscribed and sworn to before me this _____ day of _____, _____

Signature of Notary Public in and for said State and for said County: X _____

Stamp or Seal

My commission expires: _____

State of: _____

County of: _____

Fees

	Member Rate
❑ Name Change Fee	$100

Membership Levels

Adult

❑ One-year – $45 ❑ Three-year – $105

❑ Five-year – $175 ❑ Lifetime – $750

Junior (Age 18 or younger)

❑ Junior One-year – $25

❑ Junior Three-year – $55

❑ Junior J-Term – $125

Birth date: _____/_____/_____

Total Amount Due

Name Change Fee: _____

Membership Dues: _____

Online Access Service: _____

TOTAL: _____

Method of Payment

❑ MasterCard ❑ VISA ❑ American Express

❑ Check or money order enclosed

Do not send cash. U.S. Funds only.

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

If paying by credit card, please complete the following.

Card No.:_____

Exp. Date: _____CVV#: _____

Name of Cardholder:_____

APHA I.D. No.: _____

Address:_____

City:_____

State/Province:_____

Postal Code:_____

Fax: _____

Daytime Phone:_____

E-mail:_____

Signature: X _____