

# Conditional Signature Authorization

Office use only  
 WO No.: \_\_\_\_\_ Date entered.: \_\_\_\_\_  
 By: \_\_\_\_\_



## American Paint Horse Association

122 East Exchange Ave. – Suite 420 Fort Worth, TX 76164  
 Fax: (817) 834-3152 • apha.com • askapha@apha.com

**All participants in the authorizing party must sign this agreement.  
 This document must be notarized.**

### Instructions

- Fill out this form in its entirety, including all required signatures.
- The horse owner, ranch, partnership or entity on record with APHA as the owner of the horse or horses will be considered the authorizing party.
- Changes of ownership, conditions or other modifications to this agreement require that a new form be filed.
- There are two sections the authorizing party (member) must sign.

The Authorizing Party (APHA Member) is: \_\_\_\_\_ APHA I.D. No.: \_\_\_\_\_  
 An  Individual or a  Partnership, or Corporation.

If this Authorization is for a ranch, is the ranch an  Individual or a  Partnership, or Corporation. If the ranch has not been filed as a corporation, check "Individual" (dba).

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

The authorized signature(s) for this ownership is/are restricted as indicated below, effective \_\_\_\_/\_\_\_\_/\_\_\_\_

- Only one signature accepted. Only the signature listed below is to be accepted on documents for the referenced ownership.
- Two or more signatures required.
- All signatures listed below are required on all documents.
- Any signature may be accepted, but signature must be notarized on breeder's certificates.
- If this authorization is for only ONE horse, please list horse's name and number.

Registered name of horse: \_\_\_\_\_ Reg. no.: \_\_\_\_\_

If no horse has been indicated, this authorization will apply to all horses owned or owned in part by the above entity.

### Ranch, Partnership or Entity Authorization

- If this authorization is on behalf of a ranch, partnership or entity, print the name and addresses of ALL partners, owners, etc.
- If this form is not completed in its entirety, the Signature Authorization will not be considered complete and valid.
- Each partner or owner must sign attesting that they are in agreement that the agents and conditions indicated are authorized on their behalf.
- Signatures must be notarized. If more space is needed, please use the reverse of this form.

### Authorizing Party/Owner

1. Name: \_\_\_\_\_ Signature: X

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Notarization

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn before me on: \_\_\_\_/\_\_\_\_/\_\_\_\_ the above individual has sworn the provisions listed are true and correct

Stamp or seal

Sworn to: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Termination of Authorization

- If this authorization is for a partnership, it will remain in effect until canceled in writing by the person(s) signing the authorization form.
- If this authorization is for one horse, it will remain in effect until canceled in writing by the recorded owner or lessee.
- Termination of authorization will take effect on the date received by the Association office.
- Transfer of ownership or termination of the recorded lease will cancel the signature authorization affecting that particular horse.

### Authorizing Party/Owner

2. Name: \_\_\_\_\_ Signature: X

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Notarization

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn before me on: \_\_\_\_/\_\_\_\_/\_\_\_\_ the above individual has sworn the provisions listed are true and correct

Stamp or seal

Sworn to: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Individuals Authorized to Sign for Authorizing Party

Printed Name of Authorized Individual	Signature of Individual	Authorization is for all APHA Documents	Authorization is limited to: (check those that apply)						
			Registration Applications	Affidavits on behalf of Owner	Stallion Breeding Reports	Transfers	Breeder's Certificates	Lease	Semen Transfer Permits
1.	<u>X</u>								
2.	<u>X</u>								
3.	<u>X</u>								
4.	<u>X</u>								
5.	<u>X</u>								

### Membership

- To take advantage of reduced member rates, membership must be held or purchased in the exact name as the authorizing party.
- Memberships begin in the same month authorization is postmarked.
- Fees subject to change without notice.
- Any alteration of this form invalidates it and will require a new form.

### Fees

Conditional Signature Authorization Fee \$25 Member US Funds Only

### Membership Levels

- One-year—\$65       Three-year—\$150
- Five-year—\$250       Lifetime—\$1,100

Conditional Signature Authorization Fee: \$ \_\_\_\_\_

Membership Dues: \$ \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

\*Adult memberships now include a Paint Horse Journal subscription. Lifetime members will receive a 7-year subscription.

Check or money order enclosed. **Do not send cash.**  
If you pay by check, your check may be converted into an electronic funds transfer.

MasterCard     VISA

### If paying by credit card, please complete the following.

Card No.: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

APHA I.D. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_