

Conditional Signature Authorization

Office use only
 WO No.: _____ Date entered.: _____
 By: _____



American Paint Horse Association

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**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—\$45 Three-year—\$105
- Five-year—\$175 Lifetime—\$750

Conditional Signature Authorization Fee: \$ _____

Membership Dues: \$ _____

TOTAL: \$ _____

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: _____