

Signature Authorization Form



American Paint Horse Association

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Instructions

- Authorization begins based on the date this form is received by APHA.
- Changes of ownership, or other modifications, to this agreement requires that a new authorization form be completed in its entirety and a new \$25 filing fee be paid.
- To remove an owner, the owner being removed must submit a written and signed notification to APHA acknowledging same.

Entities (ranch, corporation, etc.)

- Each owner/partner must sign attesting they are in agreement that the individuals listed in the bottom section are authorized to sign on their behalf.
- If this form is not completed in its entirety, the Signature Authorization will not be considered complete and valid.
- Any alteration of this form invalidates it and will require a new form.
- Failure to list all owners/partners may subject the APHA member to possible disciplinary action.
- If additional space is needed, use reverse side.

Termination of Authorization

- This authorization will remain in effect until canceled in writing by all partners, owners and corporate officers listed on this authorization form.
- Termination of authorization will take effect on the date received by the Association office.

APHA Member is: _____ APHA I.D. No.: _____
 Individual OR Entity (ranch, corporation, etc)

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: _____

Print names and addresses of ALL partners, owners, or corporate officers.

1. Name: _____ APHA ID Number: _____

Signature: _____ Date: _____

Address: _____

Daytime Phone: _____ E-mail: _____

2. Name: _____ APHA ID Number: _____

Signature: _____ Date: _____

Address: _____

Daytime Phone: _____ E-mail: _____

3. Name: _____ APHA ID Number: _____

Signature: _____ Date: _____

Address: _____

Daytime Phone: _____ E-mail: _____

This authorization is binding for:

ALL Horses One specific horse _____
 Registered Name of Horse Registration Number of Horse

Subsequent filings will supercede all previous authorizations.

Individuals Authorized to Sign for APHA Member

Only the signatures listed in this section will be authorized to sign documents on behalf of the APHA member.

Authorization is limited to: (check only those that apply)

Printed Name of Authorized Individual	Signature of Authorized Individual	Authorization is limited to: (check only those that apply)								
		All Documents	Registration Applications	Affidavits on behalf of Owner	Stallion Breeding Returns	Transfers	Breeders Certificates	Leases		
1.	X									
2.	X									
3.	X									
4.	X									
5.	X									

Membership

- 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.
- An office processing fee of \$25 will be charged on all registration work not processed to completion.
- For more information, please call customer service at 817-222-6423 or email us at askapha@apha.com.

Fees (US Funds only) Member Rate

Signature Authorization Fee \$25

Membership Levels

*Adult

- 1-year – \$65 3-year – \$150
 5-year – \$250 Lifetime – \$1,100

Junior (Age 18 or younger)

- 1-year – \$25 3-year – \$55
 J-Term – \$125

Birth date: ____/____/____

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

Total Amount Due

Signature Authorization Fee: _____
 Membership Dues: _____
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: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____