



2019 Paint Alternative Competition Program Application

Horse: _____ APHA Reg. Number: _____

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Recorded Owner of Horse: _____ APHA ID Number: _____

Recorded Owner's Address: _____

City: _____ State/Province: _____ Zip Code: _____

Telephone: _____ Email: _____

Exhibitor Name: _____ APHA ID Number: _____

Exhibitor Address: _____

The recorded owner and exhibitor of the horse must be a current member of APHA or AjPHA.

PAC Fees

One Horse—\$30 2-Horses or more—\$27.50 per horse

APHA Membership Levels

Junior: Annual Junior—\$25 Date of Birth: _____ Junior 3-Year – \$55 Date of Birth: _____ J-Term – \$125 Date of Birth: _____
(Members aged 18 and younger) (Expires 12/31 of 18-year-old year)

Regular: Annual—\$45 3-Year—\$105 5-Year—\$175 Lifetime—\$750

I understand and agree to the rules of the APHA Paint Alternative Competition program as defined in rule PR-000 of the current *APHA Rule Book*.

Owner's Signature: _____ Date: _____

Notice: PAC enrollment is valid for one calendar year (January 1 through December 31). Any member, non-member or exhibitor who gives false information to APHA may be subject to disciplinary action by the Executive Committee, and may be denied all privileges of the Association (see the *APHA Official Rule Book*, Rule GR-070).

PAC Application Fee: \$ _____

Membership Fees: \$ _____

Total Amount: \$ _____ (If Included)

Method of Payment

Check or Money Order Enclosed MasterCard VISA American Express

Card No.: _____ Expiration Date: _____ CVV#: _____

Name on Card: _____

Signature: _____

Please return with payment to:



American Paint Horse Association

Attn: PAC

P.O. Box 961023

Fort Worth, Texas 76161-0023

(817) 834-APHA (2742)

Fax: (817) 222-8489

E-mail: pac@apha.com