APHA Temporary Membership Application



American Paint Horse Association
P.O. Box 961023 • Fort Worth, Texas 76161-0023
(817) 834-APHA (2742) • Fax (817) 222-8489 www.apha.com

Horse Show Office Use Only:			
Show #:			
Date:			
Location:			
City, State			

COMPLETE APPLICATION IN FULL

Omitting information will delay processing

All exhibitors must be current APHA/AjPHA individual members in order to the eligible to show.

	mbership, please fill out a Temporary Youth ividual membership is required at time of sh		
Membership Name: Birth Date (Required for Youth 18 & Under):			
Were you a member in the past? ☐ Yes ☐ No If yes, what was your member ID#:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Return to the sho All payments must be made in U.S. Funds only. Credit Card Number Signature	Name on Credit Card	eto APHA. onverted into an electronic funds transfer. Expiration Date CVV#	
City:Country:Show Secretary:Show Secretary Signature:Date:Show Location:Date:	Membership Name: Temporary Address:	Membership Card *Permanent membership will be issued by APHA upon receipt of completed application. American Paint Horse Association PO. Box 961023 • Fort Worth, Texas 76161-0023 (817) 834-APHA (2742) ext. 773 • Fax (817) 222-8489 www.apha.com	