

Conditional Signature Authorization



American Paint Horse Association

122 E. Exchange Ave., Suite 420 • Fort Worth, Texas 76164
apha.com

Select APHA services are available online at discounted rates. Scan or click the QR code to learn more.



Office use only

WO No.: _____

Date entered.: _____

By: _____

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: ____/____/____

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	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

Member Conditional Signature Authorization Fee \$49 US Funds Only

Membership Levels

One-year—\$89** Three-year—\$199**

Five-year—\$319**

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

**Discounted fees for select services when submitted online. Click or scan the QR code at the top for details.

Payment must accompany any work submitted to APHA. By providing payment details, I am authorizing all charges necessary to complete this work.

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: _____