Membership Application



American Paint Horse Association
122 E. Exchange Ave., Suite 420 • Fort Worth, Texas 76164
Fax: (817) 834-3152 • apha.com • askapha@apha.com

Please return completed form and payment to the address listed at left.

Current APHA/AjPHA membership required to exhibit and/or receive awards. Go to apha.com to subscribe to My APHA Plus, a member subscription service.

Name:		
Were you a member in the past? Yes No If yes, N	Member ID #:	
Street:		
City: 5	State/Province:	Zip Code:
Country:	Date of Birth:	
Daytime Telephone:	_ E-mail:	
Membership Level		
Adult*	Junior (18 or younger)	
One-year – \$65	One-year – \$25	
Three-year – \$150	Three-year – \$55	
Five-year – \$250	J-term – \$125	
Lifetime – \$1,100	Birth Date:/	/
Birth Date:/	(Expires 12/31 of 18-year-old y	ear)
*Adult memberships now include a Paint Horse Journal subscription. Lifetime members will receive a 7-year subscription.	This \$125 can be applied to the adult membership when appli	e purchase of a lifetime
Programs and fees are subject to change without notice.		
Method of Payment		
Check or money order enclosed. Do not send cash. Check Processing Policy: In the event that your check is returned unpaid for insufficient	or uncollected funds, we may present yo	our check electronically.
MasterCard Visa American Express		
If paying by credit card, please complete the following:		
Card No.:	Exp. Date:	CVV#:
Name on Card:		
Address:		
City:	State:	Zip:
(Address of card holder if not the same as person above.)		
Daytime Phone:	Email:	
Signature:		