

# Membership Application



## 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.



**Current APHA/AjPHA membership required to exhibit and/or receive awards.**

Name: \_\_\_\_\_

Were you a member in the past?    Yes    No    If yes, Member ID #: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Membership Level

### Adult\*

- One-year – \$89\*\*
- Three-year – \$199\*\*
- Five-year – \$319\*\*
- Lifetime – \$1,309\*\*

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Memberships include complimentary subscriptions to the Paint Horse Journal and Chrome magazines.

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

Programs and fees are subject to change without notice.

### Junior (18 or younger)

- One-year – \$39\*\*
- Three-year – \$79\*\*
- J-term – \$159\*\*

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Expires 12/31 of 18-year-old year.)

This \$159 can be applied to the purchase of a lifetime adult membership when applicable.

**Take advantage of discounted membership rates when you renew online at [apha.com/join](http://apha.com/join).**

## 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 your check electronically.

MasterCard    Visa    American Express

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

**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: \_\_\_\_\_