



Application Renewal Form

Name: _____ APHA ID# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Professional Horsemen Renewal Term.

Please indicate the Professional Horsemen certification term for which you wish to renew:

All APHA Professional Horsemen Certification terms end on December 31st. You have the option to renew for one year or four.

1-year...\$25

4-years...\$100

Professional Horsemen must maintain a current APHA membership.

If you need to renew your APHA membership to keep your Professional Horsemen certification current, please indicate the term of membership for which you wish to renew:

1-year.....\$89*

5-year.....\$199*

3-year.....\$319*

* Discounted fees available when you join/renew online: apha.com/join

Payment method: Check enclosed Visa MasterCard American Express Discover

Name on Credit Card: _____

Card #: _____ CVV _____ Expiration Date: _____

Cardholder's Daytime Phone: _____

Cardholder's Signature: _____

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

Please return with payment to:



American Paint Horse Association

Attn: Markel Professional Horsemen Program

122 East Exchange Ave., Suite 420 • Fort Worth, Texas 76164

817.222.6441 • Fax 817.834.3152 • marias@apha.com