

# Signature Authorization Form



## American Paint Horse Association

122 E. Exchange Ave., Suite 420 • Fort Worth, Texas 76164  
[apha.com](http://apha.com)

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



### Instructions

- Authorization begins based on the date this form is received by APHA.
- Changes of ownership, or other modifications, to this agreement requires that a new authorization form be completed in its entirety and a new \$49\*\* filing fee be paid.
- To remove an owner, the owner being removed must submit a written and signed notification to APHA acknowledging the same.

### Entities (ranch, corporation, etc.)

- Each owner/partner must sign attesting they are in agreement that the individuals listed in the bottom section are authorized to sign on their behalf.
- If this form is not completed in its entirety, the Signature Authorization will not be considered complete and valid.
- Any alteration of this form invalidates it and will require a new form.
- Failure to list all owners/partners may subject the APHA member to possible disciplinary action.
- If additional space is needed, use reverse side.

### Termination of Authorization

- This authorization will remain in effect until canceled in writing by all partners, owners and corporate officers listed on this authorization form.
- Termination of authorization will take effect on the date received by the Association office.

APHA Member is: \_\_\_\_\_ APHA I.D. No.: \_\_\_\_\_  
 Individual OR Entity (ranch, corporation, etc)

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: \_\_\_\_\_

### Print names and addresses of ALL partners, owners, or corporate officers.

1. Name: \_\_\_\_\_ APHA ID Number: \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ APHA ID Number: \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ APHA ID Number: \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### This authorization is binding for:

ALL Horses One specific horse \_\_\_\_\_  
 Registered Name of Horse Registration Number of Horse

**Subsequent filings will supercede all previous authorizations.**

### Individuals Authorized to Sign for APHA Member

Only the signatures listed in this section will be authorized to sign documents on behalf of the APHA member.

Authorization is limited to: (check only those that apply)

Printed Name of Authorized Individual	Signature of Authorized Individual	Authorization is limited to: (check only those that apply)								
		All Documents	Registration Applications	Affidavits on behalf of Owner	Stallion Breeding Returns	Transfers	Breeders Certificates	Leases		
1.	X									
2.	X									
3.	X									
4.	X									
5.	X									

### Membership

- Membership must be held or purchased in the exact name as the authorizing party.
- Memberships begin in the same month authorization is postmarked.
- All fees required to complete the work will be charged.
- Fees subject to change without notice.
- An office processing fee will be charged on all registration work not processed to completion.

### Fees (US Funds only) Member Rate

Signature Authorization Fee \$49\*\*

### Membership Levels

#### \*Adult

1-year – \$89\*\* 3-year – \$199\*\*  
 5-year – \$319\*\*

#### Junior (Age 18 or younger)

1-year – \$39\*\* 3-year – \$79\*\*  
 J-Term – \$159\*\*

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*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.**

### Method of Payment

MasterCard VISA American Express

Check or money order enclosed  
**Do not send cash. U.S. Funds only.** Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

If paying by credit card, please complete the following.

Card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

APHA I.D. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature:  \_\_\_\_\_