

AjPHA Regional Club Update

Regional Clubs must submit this form with a current membership list to remain an active, recognized AjPHA Regional Club.

Year: _____

Club Name: _____

Club Website: _____

Date of Annual Elections: _____ Advisor's Name: _____

Advisor's Phone: _____ Please do not publish my phone number

Advisor's Email: _____ Please do not publish my email address

Advisor's Address: _____

Signature of Club Advisor: _____

List club officers below:

1. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip _____

5. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip _____

2. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip _____

6. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip _____

3. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip _____

7. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip _____

4. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip _____

8. Position/title: _____

Name: _____

AjPHA ID Number: _____

Address: _____

City/State/Zip _____

**Attach a current membership list with member names, ID#'s and email addresses.
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