



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:

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.....\$45 5-year.....\$175
 3-year.....\$105 Life.....\$750

Total amount enclosed: \$ _____

Payment method: Check enclosed Visa MasterCard American Express Discover

Name on Credit Card: _____

Card #: _____ CVV _____ Expiration Date: _____

Cardholder's Daytime Phone: _____

Cardholder's Signature: _____

Please return with payment to:



American Paint Horse Association
Attn: Markel Professional Horsemen Program
P.O. Box 961023 • Fort Worth, Texas 76161-0023
817.222-6441 • Fax 817.834.3152 • marias@apha.com