



TEXAS PAINT HORSE BREEDERS ASSOCIATION MEMBERSHIP APPLICATION

APPLICATION INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

MEMBERSHIP FEES: To become a member or renew a membership, *please check the appropriate box.*

- \$25 Individual or Family Membership
- \$250 Lifetime Membership
- Check or Money Order enclosed. Do not send cash.
- Mastercard
- Visa
- American Express

If paying by Credit Card, please complete the following:

Card Number: _____ Exp. Date _____ CCV# _____

Name on the Card: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Mail all correspondence to:

Texas Paint Horse Breeders Association
P.O. Box 163794
Fort Worth, Texas 76161
(817) 222-6444

SIGNATURE: _____ DATE: _____