



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.....\$65

5-year.....\$250

3-year.....\$150

Life.....\$1,100

Total amount enclosed: \$ _____

Adult memberships now include a *Paint Horse Journal* subscription. Lifetime members will receive a 5-year subscription.

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

122 East Exchange Ave. – Suite 420 Fort Worth, TX 76164

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