Pennsylvania Paint Horse Club Membership Form 2024

Please check category of membership: for Family membership, list all family members (as defined by APHA rules) who will be showing or competing for points.

Please fill out form completely.

New Me	embership		□ R	enewal	
	☐ Family	\$40.00			
	☐ Single	\$30.00			
		\$15.00 Under as of	f Jan. 1 st)		
Please make	•	uble to "PPHO Caleigh Ando 778 Reservoi Saltsburg, PA	erson r Rd		
Member Naı	ne: First		M.	Last	
APHA Mem	bership #:				
	or Members: Aş	ge	Date of	Birth	
	Family Mem Name:	bership: Plea	ase list all m	embers belo	ow with their
Junio	Family Mem Name:	bership: Plea	ase list all m APHA#	embers belo	ow with their Age:
Junio	Family Mem Name:	bership: Plea	ase list all m	embers belo	ow with their Age:
Junio Address 1:_ Address 2:_	Family Mem Name:	bership: Plea	ase list all m	embers belo	ow with their Age:
Junio Address 1:_ Address 2:_	Family Mem Name:	bership: Plea	ase list all m	embers belo	ow with their Age: