2025 WApHC Membership Application

Name:				
Address:				
City:		State:	ZIP:	
Phone:	Email:			
Please include your email addr	ess if you have one-it helps our club sa	ve money on paper & p	ostage.	
New Renewal_				
Family Member Name(s) Relationship	ApHC * AYA	* Non-Pro#	Youth DOB
-				
Membership Dues:	\$25 Family (parents + children	18 & under)	\$20 Couple	\$15 Individual
If you wish to be a spo	onsor for any of our shows,	here are the op	tions:	
Class Sponsor: \$10	(announced at show, listed	on Facebook)		
_	or: \$75 (announced at show		oook)	
	t Sponsor: \$50 (announce			
	00 (announced at show, liste			
	(announced at show, liste	d on Facebook 8	k website, hang b	anner if you have
one)	*500 /	1. 1 P 1	1 0 1 1 1	1
.	\$500 (announced at show,	listed on Faceb	ook & website, ha	ang banner it you
have one, 1 free stall)				

WAPHC Membership fees must be paid prior to show for World-qualifying.

Return to: Chelsea Beil ~ 7540 Pine Road ~ Arena, WI 53503