



ApCHA Membership Form

- Single Membership \$25.00
- Family Membership \$35.00
- Youth Membership \$10.00
- Life Membership \$450.00

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Please fill out this form and send with payment to:

ApCHA
Attn: Dannica Percevich
18995 Gaver Rd.
Belle Fourche, SD 57717

For Questions contact Dannica Percevich at 605-641-1596 or dp2005@hotmail.com

To Pay by Credit Card:

Name on Credit Card: _____

Address: _____

Credit Card Number: _____

Exp. Date: _____ CVV (Number on Back): _____