



UPPER MICHIGAN
PAINT HORSE CLUB

APPLICANT INFORMATION-PRIMARY MEMBER

LAST NAME _____ FIRST _____ M.I. _____ DATE: _____
Address: _____ Apt/Unit _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____

MEMBERSHIP INFORMATION: PRIMARY MEMBER INFO ONLY

APHA current # _____
Application New Renewal (check one) Divison: W/T W/T/C (check one)
Membership Type/Cost
Individual Youth \$20 **Individual Adult** \$25 **Family** \$35
(18 yrs & Under) (19 & Over) (2 Adults/Spouses & Children 18 yrs & Under)

Reserved numbers must be requested prior to first show. All printed back tags will be available for pick up at first show

Reserve a Back Tag Number _____ **Number(s) Requested** _____
(\$10 fee applies) Yes No (granted based on availability)

Horse's Registered Name _____
(Primary Members)

Name	Birthdate	Back Tag#	Division	Horses Reg Name
1. _____				
2. _____				
3. _____				
4. _____				

Additional family members may be listed on the back of the form

Disclaimer and Signature

I understand in order for any points count for myself or any member of a family membership, a membership form must be completed and submitted along with payment. **Points earned before completing a membership form and paying for the membership will not count. I have been informed that a horse can sign up at any time, but points do not count until the horse is registred with UMPHC with its rider.** Further, I agree to comply with the established ByLaws, Rules & Regulations and Show RuleBook of UMPHC. Additionally, I hereby give permission to UMPHC to contact, interview, take audio or visual images of, use, display or publish material of me and any family members covered in a family membership. I understand my membership card, cancelled check, itemized credit card statemet or cash receipt is the proof of my paid, current membership and I accept the burden of proof to determine my membership.

Signature _____ Date _____

