



### ApCHA Membership Form

- |                          |                   |          |
|--------------------------|-------------------|----------|
| <input type="checkbox"/> | Single Membership | \$25.00  |
| <input type="checkbox"/> | Family Membership | \$35.00  |
| <input type="checkbox"/> | Youth Membership  | \$10.00  |
| <input type="checkbox"/> | Life Membership   | \$450.00 |

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please fill out this form and send with payment to:

ApCHA  
Attn: Irene Bragg  
PO Box 203  
Fulton, NY 13069

For Questions contact Irene Bragg at 315-771-9537 or [RJPerformanceHorses@yahoo.com](mailto:RJPerformanceHorses@yahoo.com)

To Pay by Credit Card (4% fee will be added):

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV (Number on Back): \_\_\_\_\_