



FLORIDA PAINT HORSE CLUB

Florida Paint Horse Club Membership Application 2018

January 1, 2018 to December 31, 2018

Please join the Florida Paint Horse Club: It's a great place to show off your terrific American Paint Horse, meet other great Paint owners, put lots of "points" on your Paints, you'll be eligible for individual show highpoints awards and our year end awards.

- Individual memberships are \$25 and Farm or Family memberships are \$35.
- Memberships in FPHC are effective from January 1st to December 31st.
- Club points are accumulated ONLY from the date that membership is PAID.
- In order to accumulate club points: The owner of the horse shown must be a member of FPHC and APHA to accumulate points. Ownership requirements for FPHC are the same for APHA.
- To be eligible for year end award(s), the horse must be shown under 50% plus one of the judges available. This specified number applies to each category (Open, Walk-Trot 9 & Under, 13-Under, 14.18, Novice Youth, Novice Amateur, Amateur, Adult Walk Trot)

Please check one of the three boxes below:

\$25 Youth Membership - *Not entitled to vote in elections or during membership meetings*

\$25 Adult Individual Membership - *Entitled to 1 vote during membership meetings/elections*

Applicant Name: _____ APHA ID # _____

First Name Last Name

Address: _____ DOB-required for youth only _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address _____

\$35 Farm/Family Membership - *Entitled to 2 votes during membership meeting/elections*

Please list all members for a family or farm application who will be competing for year end awards. A Farm/Ranch includes the legal owner(s) of the farm/ranch, their family members, and ranch employees of six months or longer. The ranch relationship does not cover any clients or non-employees. No later additions.

Family/Farm Membership: list all members that will be competing for end of the year awards. (Date of Birth required for youth members only)

1. Name _____	APHA # _____	DOB _____
2. Name _____	APHA # _____	DOB _____
3. Name _____	APHA # _____	DOB _____

To save on postage, you may turn this form into the office.

You must bring a separate check to pay your membership, as it can no longer be added to your showbill.

If you would like to mail it separately, please mail along with your check to:

Amanda Palmer, FPHC Treasurer, 5803 E. Quicksilver Court, Floral City, FL 34436

Show dates are subject to change without notice. APHA rules apply.