

**ARKANSAS PAINT HORSE CLUB**  
**Membership Information Form**  
**2018**

**Fees: \$20.00/First Member, \$5.00/Each Additional Member Same Household**  
**\$250 Lifetime Family Membership (Dependent Children Included)**

**First Member Information**

**Member 1:** \_\_\_\_\_  
**APHA ID#:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**E Mail:** \_\_\_\_\_

**Additional Member Information**

**Member 2:** \_\_\_\_\_  
**APHA Youth/Amateur ID# and Date of Birth:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**E Mail:** \_\_\_\_\_

**Additional Member Information**

**Member 3:** \_\_\_\_\_  
**APHA Youth/Amateur ID# and Date of Birth:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**E Mail:** \_\_\_\_\_

**Additional Member Information**

**Member 4:** \_\_\_\_\_  
**APHA Youth/Amateur ID# and Date of Birth:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**E Mail:** \_\_\_\_\_

**Additional Member Information**

**Member 5:** \_\_\_\_\_  
**APHA Youth/Amateur ID# and Date of Birth:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**E Mail:** \_\_\_\_\_

**Lifetime Membership: \$250 or**  
**Individual or Family Membership: \_\_\_\_\_(Please indicate amount paid)**

**Please send completed Membership Form and payment to:**  
**Karen Kennedy; 7316 Rye Hill Road East; Fort Smith, AR 72916**