

ARKANSAS PAINT HORSE CLUB
Membership Information Form
2019

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