

IOWA PAINT HORSE CLUB MEMBERSHIP APPLICATION

Check Appropriate Membership Term and circle applicable dollar amount.

One-Year Membership _____ \$25 Single and/or Self & Spouse
\$40 Family (includes all youth eligible children*)

Two-Year Membership _____ \$45 Single and/or Self & Spouse
\$70 Family (includes all youth eligible children*)

Three-Year Membership _____ \$65 Single and/or Self & Spouse
\$100 Family (includes all youth eligible children*)

*youth ages are determined per APHA rules

Member Name(s) _____

Address _____

City _____ State _____ ZIP Code _____

Telephone _____ E-Mail Address _____

I/we hereby agree to abide by the rules of the Iowa Paint Horse Club. All information given is true, correct and complete.

Signature _____ Date _____

Received By _____ Date _____ Check # _____ Cash _____

IOWA PAINT HORSE YOUTH CLUB MEMBERSHIP APPLICATION

Youth memberships MUST be accompanied by above parental membership.

Name _____ E-mail _____ Birthdate _____

Name _____ E-mail _____ Birthdate _____

Name _____ E-mail _____ Birthdate _____

Name _____ E-mail _____ Birthdate _____

Memberships MUST be paid for before shows to ensure points for IPHC year-end awards!
APHA rules state that ALL exhibitors MUST have individual memberships to show at any APHA show.

Please return with payment to: IPHC Membership
Lindsay McLain
524 Carrie Lane
Altoona, IA 50009

Office Use Only: Date Paid _____
Term _____
Expire _____