



# American Paso Fino Horse Association

P.O. BOX 593, Lexington, TN 38351

615) 562-PASO (7276) www.americanpasofino.com

## MEMBERSHIP APPLICATION / RENEWAL

NEW MEMBER  RENEWAL  APFHA MEMBERSHIP NUMBER \_\_\_\_\_ CHECK here for address change

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

If a junior, you must be under the age of 18 as of January 1st Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

### MEMBERSHIP CATEGORIES: (All fees are in U.S. dollars)

### Annual Membership

Individual – All ages - For Junior's, include date of birth. Date of Birth Required ____/____/____	\$ 30.00
Family – Includes second individual (over18) & up to 3 children)	\$ 55.00
Business/Corporation – Includes two owners & prefix/suffix renewal if previously registered	\$ 75.00
Farm suffix/prefix registration (includes 1st year membership).	\$ 250.00

### For Family Members:

Name of Second Family member over 18 living at above address: \_\_\_\_\_ APFHA Membership # \_\_\_\_\_

Family Junior (Must be under 18 as of January 1<sup>st</sup> and live at above address. Please include date of birth (MM/DD/YYYY))

Name: \_\_\_\_\_ APFHA Membership # \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ APFHA Membership # \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ APFHA Membership # \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For Business/Corporations:

Name of Business/Corporation \_\_\_\_\_ APFHA Membership # \_\_\_\_\_

Owner/agent name: \_\_\_\_\_ APFHA Membership # \_\_\_\_\_

Owner/agent name: \_\_\_\_\_ APFHA Membership # \_\_\_\_\_

Farm suffix/prefix registration requested \_\_\_\_\_

Signature(s) \_\_\_\_\_

METHOD OF PAYMENT: (Do Not send cash.)  Check/Money Order  PAYPAL\*  MASTERCARD  AMEX  DISC  VISA

Amount Paid \$ \_\_\_\_\_ \*Paypal online payment confirmation# \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

### INSTRUCTIONS

This form is used to join or renew membership of individual, family, or business/farm with American Paso Fino Horse Assoc.

Membership is From January 1st through December 31st. Junior members must be under the age of 18 on January 1st.

APFHA membership is required to participate in sanctioned activities hosted by APFHA or their affiliates to obtain horse and/or rider achievement awards & titles.

Mail this form along with payment to America Paso Fino Horse; P.O Box 593 Lexington, TN 38351