Membership application
2027

Name of applicant(s):

1._____ APHA # _____ Birth Month _____

2._____ APHA # _____ Birth Month _____

Mailing address: _____

City / State / ZIP: _____

Email address: _____

(*Email addresses are provided to APHA upon request and used internally for club communications.)*

Home phone_____ Cell phone: _____

Additional family members:

_____ APHA# _____ Relationship _____ Birth Month _____

_____ APHA# _____ Relationship _____ Birth Month _____

_____ APHA# _____ Relationship _____ Birth Month _____

Check type of membership:

❒ $10 – Family Membership
(Two adults, minor children or grandchildren. Children who have not reached 19th birthday as of January 1)

❒ $10 – Individual Membership
(A person who has reached their 19th birthday as of January 1.)

❒ Free! – Youth Membership
(A person who has not reached their 19th birthday as of January 1)

❒ Free! – **New members to NCPHC**
(Individual or Youth members.)

Make checks payable to Northern California Paint Horse Club.

Mail membership form and check to: **Robin Wood / NCPHC Treasurer**
22830 Gazelle Callahan Road
Gazelle, CA 96034

Office Only
Date Received

Visit **NCPHC.org** for more information.