

Georgia
 Appaloosa
 Horse
 Association

Membership
 Form
 Year _____



Date: _____ ApHC No: _____
 Primary Family Representative _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Cell #: _____
 Bus #: _____ Fax #: _____
 E-Mail: _____
 Webpage: _____

** You may include additional E-mail addresses or WebPages on a separate sheet if needed for each family member.

Circle One

Individual \$15.00/yr \$100.00 lifetime Family \$25.00/yr \$200.00 lifetime Youth \$10.00/yr

| <u>List Every Family Member</u> | <u>ApHC No.</u> | <u>If Youth D.O.B.</u> |
|--|------------------------|-------------------------------|
| Name: _____ | _____ | _____ |
| Name: _____ | _____ | _____ |
| Name: _____ | _____ | _____ |
| Name: _____ | _____ | _____ |
| Name: _____ | _____ | _____ |

Return Completed form with your check made payable to:

GAHA
 Mail to: **GAHA Membership**
 c/o Dawn Lovern
 5305 Old Hwy 138 SW
 Oxford, GA 30054
 404-406-7055