



Greater Los Angeles Paint Horse Club Membership Application

Name: _____ Partner: _____

Ranch Name (If Applicable): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Type of Membership (please check one): **New Membership { }** **Renewal { }**

Sponsored By: _____ Members APHA Number: _____

{ } Family Membership (One vote per adult over 18, names must be listed on application). **\$35.00**

{ } Single Adult Membership (One Vote). **\$25.00**

{ } Junior Membership (18 & Under no vote. Only required when there is no existing family membership in place. Member's date of birth must be listed on application). **\$20.00**

Please list all youth family members name and date of birth:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Please send application and membership fees payable to:

G.L.A.P.H.C % Sue Fleczo
1349 Mellow Lane
Simi Valley, CA 93065

For Official Use Only

Date Paid: _____ Pmt Type: _____ Membership# _____

