

## IOWA PAINT HORSE CLUB MEMBERSHIP APPLICATION

Check Appropriate Membership Term NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

One-Year Membership	_____	\$25	Single and/or Self & Spouse
		\$40	Family (includes all children under 18)
Two-Year Membership	_____	\$45	Single and/or Self & Spouse
		\$70	Family (includes all children under 18)
Three-Year Membership	_____	\$65	Single and/or Self & Spouse
		\$100	Family (includes all children under 18)

Member Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ District (Iowa members only) \_\_\_\_\_

E-mail Address \_\_\_\_\_

(IPHC Newsletter will be sent via Internet if e-mail address provided)

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 \_\_\_\_\_ Show \_\_\_\_\_ 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  
 Jeannie Stolee  
 1007 10<sup>th</sup> St.  
 Nevada, IA 50201

Office Use Only: Date Paid \_\_\_\_\_  
 Term \_\_\_\_\_  
 Expires \_\_\_\_\_