

HOOSIER APPALOOSA ASSOCIATION

Membership Application and Renewal for 20__

Please fill out form completely

ApHC will accept information only with your ApHC membership number

	Birthdate Month/Year	ApHC Membership Number
Name	_____	_____
Spouse's Name	_____	_____
Children's Name(s)	_____	_____
	_____	_____
	_____	_____
	_____	_____
Farm Name	_____	_____
Address	_____	
City	State	Zip
_____	_____	_____
Telephone Number:	FAX:	
_____	_____	

Committee Interest: (please check those where you would be willing to assist)

_____	Show	_____	Membership
_____	Finance/Fund Raising	_____	Points/Awards
_____	Newsletter	_____	Futurity
_____	Youth/Non Pro	_____	Special Projects

Type of Membership (Please Circle)

Single Membership (One Vote)\$20

Family Membership (Two Votes).....\$25

Dues run by calendar year. Please make checks payable to HAA.

Mail completed application to:

Bobbi Greves
820 Spring St.
Bloomfield, IN 47424

Thank you and Welcome to the Hoosier Appaloosa Association!