



American Paint Horse Association

Paint Alternative Competition Program Application

I want the recognition I deserve.

Year Enrolling: _____ APHA ID Number: _____

Horse: _____ APHA Reg. Number: _____

Horse: _____ APHA Reg. Number: _____

Horse: _____ APHA Reg. Number: _____

Horse: _____ APHA Reg. Number: _____

Recorded Owner of Horse: _____

Recorded Owner's Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Telephone: _____ E-mail: _____

How did you learn about APHA? ☐ Friend ☐ Web site ☐ Paint Horse Journal ☐ Trade show ☐ Advertisement ☐ Other _____

PAC Fees

☐ APHA Member—\$30 ☐ Non-Member—\$75 (You can take advantage of the discounted member rates by becoming a member now.)

☐ APHA Member, 2-Horse Discount Rate—\$55 ☐ APHA member, 3-Horse Discount Rate—\$82.50

☐ APHA Member, 4-Horse Discount Rate—\$110

APHA Membership Level

Junior: ☐ Annual Junior — \$20 Date of Birth: _____ ☐ Junior 3-Year — \$40 Date of Birth: _____ ☐ J-Term — \$100 Date of Birth: _____
(Members aged 18 and younger) (Expires 12/31 of 18-year-old year)

Regular: ☐ Annual—\$40 ☐ 3-Year—\$90 ☐ 5-Year—\$150 ☐ Lifetime—\$500

I understand and agree to the rules of the APHA Paint Alternative Competition program as defined in rule PR-000 of the current APHA Rule Book. Further, I understand that I must have the PAC enrollment form into the APHA office prior to competing in any APHA-approved PAC event.

Owner's Signature: _____ Date: _____

Notice: PAC enrollment is valid for the calendar year (January 1 through December 31). Any member, non-member or exhibitor who gives false information to APHA may be subject to disciplinary action by the Executive Committee, and may be denied all privileges of the association (see the APHA Official Rule Book, Rule GR-070).

PAC Application Fee: \$ _____

Membership Fees: \$ _____

Total Amount Due: \$ _____

Method of Payment

☐ Check or Money Order Enclosed ☐ MasterCard ☐ VISA ☐ AMEX (American Express)

Card No.: _____ CVV#: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

Please return with payment to: American Paint Horse Association

Attn: Accounting

P.O. Box 961023

Fort Worth, Texas 76161-0023

Fax: (817) 222-8489

E-mail: pac@apha.com