

IDAHO PAINT HORSE CLUB, INC.  
2009 Membership Application

Membership Name\_\_\_\_\_

Membership Name should be the same as the APHA recorded Owners of horse(s)

Farm/Ranch or Name if different than above\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_

State:\_\_\_\_\_Zip:\_\_\_\_\_

Telephone: (\_\_\_\_\_)\_\_\_\_\_Work: (\_\_\_\_\_)\_\_\_\_\_

Email Address: \_\_\_\_\_

Children's names and ages including last name only if different from that  
above

Child:\_\_\_\_\_ (age)\_\_\_\_\_ Child:\_\_\_\_\_ (age)\_\_\_\_\_

Child:\_\_\_\_\_ (age)\_\_\_\_\_ Child:\_\_\_\_\_ (age)\_\_\_\_\_

Type of Membership:

Firm, Corporation or Institution of Learning-----\$35.00

Family (Includes Father, Mother, & Family Youth 18 & Under)----\$35.00

Single Adult (Over 18 Years)-----\$25.00

Youth 18 Years & Under Outside a Family Membership-----\$10.00

Enclosed is my check #\_\_\_\_\_ in the amount of \$\_\_\_\_\_

Make Check Payable to: IPHC and return to:

Nola Krahn, PO Box 1321, Kamiah, ID. 83536 208.935.0709