

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