



Greater Los Angeles Paint Horse Club Membership Application

Name: _____ Spouse: _____

Ranch Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Type of Membership: New Membership Sponsored By: _____

Renewal Members APHA number _____

- \$35.00 Family Membership (One vote per senior member. List both husband's and wife's name for two votes.)
- \$25.00 Single Adult Membership (One vote)
- \$20.00 Junior Membership (18 and under – no vote. A junior membership is only required if the family membership is not taken. Member's date of birth must be listed below)

Please list youth family members and date of birth:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please send membership fees payable to:

G.L.A.P.H.C.
C/O Sue Flecok
1349 Mellow Lane
Simi Valley, Ca. 93065

Visit us at: www.glapaintclub.com

For Official Use Only

Date Paid _____ Pmt. Type _____ Membership # _____