



Broken Arrow Appaloosa Association Membership Form

Date _____ for year of _____

Are you a current member of the ApHC National Club? Yes _____ No _____

Name _____

ApHC Membership Number _____

Address: _____

City: _____ State: _____ ZIP _____

Email: _____

Phone: _____

Choose Membership desired: Family (\$40) _____ Adult (\$20) _____ Youth (\$5) _____

****Any individual 19 or older as of January 1, must have their own Adult Membership.****

Family Membership, please list each family member's name, ApHC number (required) & Date of Birth

1) _____

2) _____

3) _____

4) _____

5) _____

Make all checks payable to: **Broken Arrow Appaloosa Association**

Mail Completed Form & Check to:

Julie Cobb

889 Kraus Manor

Fenton, MO 63026

Important Notice:

For BAAA club points to accumulate for Year-End awards, dues must be paid prior to the first show.
Points earned before payment of dues WILL NOT BE COUNTED!

Visit our website for a list of shows and events! www.brokenarrowappaloosa.org