



BROKEN ARROW APPALOOSA ASSOC.

Date _____ for year of _____

Are you a current member of the ApHC National Club? YES? _____ NO? _____

Name _____

ApHC Membership Number #1 _____

Address _____

City _____ State _____ ZIP _____

Email Address _____

Telephone Number (with area code) _____

CHECK Membership desired: Family \$15.00 _____ Adult \$10.00 _____ Youth \$5.00 _____

For Family Membership, please list each Family member's name, ApHC NUMBER (Required) & DATE of BIRTH.

Any Dependent age 19 OR OLDER as of January 1, must have their own ADULT MEMBERSHIP.

NAME ApHC Number Date of Birth

NAME	ApHC Number	Date of Birth

Make all checks payable : BROKEN ARROW APPALOOSA ASSOCIATION

Mail COMPLETED application and check to:

Julie Cobb

201 Water St.

Fenton, MO 63026

IMPORTANT NOTICE:

For B.A.A.A. 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! brokenarrowappaloosa.org