

For Office Use
Date Received _____
Amt. Received- \$ _____
Check # _____
Received by _____



2017

MEMBERSHIP APPLICATION
January 1st - December 31st, 2017

PLEASE CHECK ONE TYPE OF MEMBERSHIP

PLEASE PRINT

FAMILY MEMBERSHIP - \$10.00

Open to 2 adult members and unlimited family youth members all living in the same household.
Only adult members will be entitled to vote. Each adult member is entitled to one vote.

SINGLE ADULT MEMBERSHIP - \$10.00

Open to one adult 19 years and older, or a business. Each adult member is entitled to one vote.
A business is entitled to one vote.

YOUTH MEMBERSHIP - \$10.00

Open to anyone 18 years or younger. No voting privileges.

All memberships include a \$5.00 CCC fee. Life members must pay the yearly CCC fee. Memberships are NOT a tax deductible contribution.

RANCH NAME _____ APHA# _____
(if horses are registered in a ranch or business name)

NAME _____ APHA# _____

SPOUSE _____ APHA# _____

YOUTH _____ DATE OF BIRTH _____ APHA# _____

YOUTH _____ DATE OF BIRTH _____ APHA# _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONES: Home (____) _____ CELL (____) _____

E-MAIL ADDRESS _____

Please advise us if your e-mail address changes. Meeting minutes, points and club information are online at:
www.sierrapainthorseclub.com

****If you are going to participate in our Year End Awards program, you must:**

1. Attend 2 meetings and work for 2 hours OR
2. Work for 4 hours OR
3. Pay a fee of \$100 by March 1, 2016

SIGNATURE: _____ DATE: _____

Please make checks payable to: Sierra Paint Horse Club Mail to: SPHC Memberships, P. O. Box 929 Wilton, CA 95693

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize Sierra Paint Horse Club to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

E-Mail to:
Sierrapainthorseclub@gmail.com

OR

Mail to:
Sierra Paint Horse Club
P.O. Box 929
Wilton, CA 95693