

2017 WApHC Membership Application

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Please include your email address if you have one-it helps our club save money on paper & postage.

New _____ Renewal _____

Family Member Name(s) Relationship ApHC * AYA * Non-Pro # Youth DOB

Membership Dues: \$25 Family (parents + children 18 & under) \$20 Couple \$15 Individual

If you wish to be included in the WApHC Regional Awards Program, please include an additional **\$25 per horse/rider combination**. This will ensure that all classes shown in will be counted for year-end awards. Please see Regional Awards Rules for more information.

Horse/Rider: _____

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Horse/Rider: _____

**WApHC Membership & Year-End Nomination fees
must be paid prior to show for World-qualifying and Year-End awards.**

Return to: Chelsea Beil ~ N3419 County Rd TT ~ Columbus, WI 53925