



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 _____ #2 _____

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 CHILD'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

Make all checks payable : BROKEN ARROW APPALOOSA ASSOCIATION or B.A.A.A.

Mail COMPLETED application and check to: Carol Moss
936 Menemey
Troy, MO. 63379

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!