



San Joaquin Paint Horse Club

Membership Application

Name of Applicant(s):

1. _____ APHA# _____ Birth Month _____
2. _____ APHA# _____ Birth Month _____

Address: _____

City / State / Zip: _____

Email Address: _____

Home Phone#: _____ Cell Phone#: _____

Additional Family Members:

_____ APHA# _____ Relationship _____ Birth Month _____
_____ APHA# _____ Relationship _____ Birth Month _____
_____ APHA# _____ Relationship _____ Birth Month _____

Check Type of Membership

\$25 – Family / Husband & Wife / Partnership \$20 – Individual \$17 – Youth

**TO EARN YEAR END AWARDS, SIX (6) WORK HOURS ARE REQUIRED
OR**

A \$75 PER HORSE YEAR END AWARDS FEE may be paid in lieu of 6 Work Hours.

Membership & Year End Awards Fees Must be Paid PRIOR to First Class.

Horse Name: _____ APHA# _____

Horse Name: _____ APHA# _____

Horse Name: _____ APHA# _____

Date Paid: ____/____/2010 Amount Paid: \$ _____

Make Checks Payable to SJPHC & Send Payments & Application to
San Joaquin Paint Horse Club
Pmb #150
3937 E. Orangeburg Avenue
Modesto, Ca 95355

For Additional Applications and Information

Visit: www.SJPHC.net

Email Address: MJMPaints@aol.com

Membership Expires Dec 31 of the calendar year.