Georgia

Appaloosa *Membership*

Horse Form

Association Year _____



Date: Primary Family Representative			ApHC No:
Address:		Apt:	
City:	State:	Zip:	
Home #:	Cell #:		
Bus #:	Fax #:		
E-Mail:			
Webpage:** You may include additional E-mail addr			ded for each family member.
Circle One			
Individual \$15.00/yr \$100.00 lifetime	Family \$25.00/yr	\$200.00 lifetime	Youth \$10.00/yr
<u>List Every Family Member</u>		ApHC No.	If Youth D.O.B.
Name:			

Return Completed form with your check made payable to:

GAHA

Mail to: GAHA Membership c/o Elizabeth Novak 270 Fannin Lane McDonough, GA 30252 678-492-3365