

Membership application – 2025 Northern California Paint Horse Club



Name of applicant(s):			
1		APHA #	Birth month
2		APHA #	Birth month
Mailing address:			
City / State / ZIP:			
Email address:			
(Email addresses are provid	ded to APHA upon request a	and used internally for club o	communications.)
Home phone:	Cell phone:		
Additional family member	s:		
			Birth month
	APHA#	Relationship	Birth month
	APHA#	Relationship	Birth month
Check type of membership	:		
☐ \$35 – Family: Two adults as of Jan. 1.)	and the minor children or	grandchildren. (Children wh	no have not reached their 19th birthd
☐ \$30 – Individual membe	rship: A person who has rea	ached their 19th birthday as	s of Jan. 1.
☐ \$20 – Youth membership	o: A person who has not rea	ached their 19th birthday as	of Jan. 1.
No year-end award fees or	work hours required. There	e is not a club year-end awa	rds program in 2025.
Make checks payable to No	orthern California Paint Hor	se Club and mail membersh	nip form and check to:

Robin Wood NCPHC treasurer 22830 Gazelle Callahan Road Gazelle, CA 96034

For information about events and meetings, visit www.ncphc.org.