

2020 Membership Application

Each participant wishing to compete for show awards must be a member of HPPHC prior to the time club points are earned. Additionally, any APHA-registered horse wishing to compete for show awards the **owner and exhibitor must be members of HPPHC at the time club points are earned.**

Name(s) _____ Phone No: _____

Mailing Address _____ City _____ State _____ Zip _____

*E-Mail _____

*Note: Most communications are via email. Please don't forget to provide it!!!

Please list each individual member:

APHA Competition Division

Lead Line or Walk Trot _____	DOB _____	Walk Trot <input type="checkbox"/>	AJPHA# _____
Youth _____	DOB _____	13&Under <input type="checkbox"/> 14-18 <input type="checkbox"/>	AJPHA# _____
Youth _____	DOB _____	13&Under <input type="checkbox"/> 14-18 <input type="checkbox"/>	AJPHA# _____
Amateur _____	DOB _____	19-44 <input type="checkbox"/> 45&Over <input type="checkbox"/> Walk Trot <input type="checkbox"/>	APHA # _____
Amateur _____	DOB _____	19-44 <input type="checkbox"/> 45&Over <input type="checkbox"/> Walk Trot <input type="checkbox"/>	APHA # _____
Open _____			APHA # _____

Horse Name: _____ Owner: _____ Reg. #: _____

Horse Name: _____ Owner: _____ Reg #: _____

Horse Name: _____ Owner: _____ Reg #: _____

Type of Membership:

Family Membership (Parents & children 18 years of age or younger) @\$40.00= _____

Amateur and Open (19 and over): # of Amateurs and/or Open _____ @\$30.00= _____

Youth (5-18 years old): # of Youth _____ @ \$20.00= _____

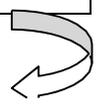
Associate Membership(any age – Not competing for awards
 Non-voting member aka HPPHC Fan) #of Fans _____ @\$20.00= _____

Total Due: \$ _____

By submitting this form with payment, I agree to abide by all rules and membership requirements of the APHA and HPPHC and will accept all decisions of the HPPHC Board of Directors.

Please mail this application with payment to:
 (Checks made payable to HPPHC)
 Tammy Berbee, 19306 County Road N, Fort Morgan, CO 80701
 Questions? 303-478-4452 or tberbee@msn.com

For Office Use:	Date Received _____
Cash Amount _____	Check Number _____
Check Amount _____	Check Date _____



See

information on reverse



2020 HPPHC Membership Application

PLEASE NOTE:

- Each individual wishing to compete for show awards must be a member of HPPHC prior to the time the club points are earned.
- **The Owner of the horse competing in HPPHC events, and the exhibitor must be current members of HPPHC to qualify for awards.**
- Please fill out all appropriate information. If APHA #'s are pending, please note that and send information in when they are assigned.
- If you have questions concerning membership, please call or email Tammy Berbee at 303-478-4452 or tberbee@msn.com

CLUB INFORMATION CAN BE FOUND AT:

WWW.HPPHC.COM

OR

ON FACEBOOK AT:

www.facebook.com/HPPHC

THANK YOU FOR YOUR MEMBERSHIP AND
PARTICIPATION!

