

2024 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 prior to the time club points are earned.

Name(s)		Phone No:				
Mailing Address		City	State	Zip	_	
*Email Address						
*\	lote: Most communication	s are via email.	Please don't forget	to provide it!!!		
APHA Competition Divis						
Lead Line/ Walk Trot	DOB		AJPHA# _			
Youth	DOB	13&Under	14-18 AJPHA#			
Youth	DOB	13&Unde	er 14-18 AJPHA#			
Amateur	DOB	19-44 458	Over Walk/Trot AP	HA#		
Amateur	DOB	19-44 4	5&Over Walk/Trot /	APHA#		
Open APHA #						
HORSES SHOWN						
Horse Name:	Owner:		Reg. #			
Horse Name:	Owner:		Re	g. #		
TYPES OF MEMBERSHIP						
Family Membership =(S Amateur or Open (19 ar Youth (5-18 years old): Associate Membership (nd over): # o	f Amateurs ar # of Youth ting for award	nd/or Open @\$30 s and/or Non-vot s	0.00/each = _@ \$20.00=	- IC Fan	
By submitting this form v	vith payment, I agree to PHC and will accept all o				РНА	
	Please mai	l membership	forms to:			
		HPPHC Brighton Rd # derson, CO 806				
For Office Use: Date Received Cash Amount		eceived if regi	stering at a show			
Cash Amount Check Number	Check Amo	ount	_ Check Date _			