

Eastern Ontario Paint Horse Club



2024 Membership Application

Youth Membership	PLEASE C	CHECK ONE MEMBERS	HIP LEVEL E	BELOW					
Family Membership \$ 50.00 (Maximum 2 adults and 4 children 18 years of age and under) CONTACT INFORMATION (Please print) Name: Address: City: Province: Postal Code: Phone: Email: APHA Number (if available): Additional Family Members – Birth Dates for all Youth Members is REQUESTED (Please print) Family Member #1: Birth Date: APHA#: (mm/dd/yy) Family Member #2: Birth Date: APHA#: (mm/dd/yy) Family Member #3: Birth Date: APHA#: (mm/dd/yy) Family Member #4: Birth Date: APHA#: (mm/dd/yy) Family Member #4: Birth Date: APHA#: (mm/dd/yy) CLUB INTERESTS Showing Breeding Love of Horses Trail Riding Social/Fun Volunteer Work I would like my club points tallied for Year End Awards: Yes No SIGNATURES I the undersigned, agree to abide by the rules and regulations of the constitution of the Eastern Ontario Paint Horse Club Signature of Parent/Guardian: (if Applicant is 18 years of age and under) Date: Cheque (payable to EOPHC) Holly Lacroix Address: 2391 Nolan's Rd, Smith Falls, ON, K7A4S2 Etransfer – send etransfer to eophctreasurer@hotmail.com		Youth Membership	\$ 15.00	(children	18 years of age and	under)			
CONTACT INFORMATION (Please print) Name: Address: City:		Single Membership	\$ 30.00						
Name: Address: City: Province: Postal Code: Phone: Email: APHA Number (if available): Additional Family Members – Birth Dates for all Youth Members is REQUESTED (Please print) Family Member #1: Birth Date: APHA#: (mm/dd/yy) Family Member #2: Birth Date: APHA#: (mm/dd/yy) Family Member #3: Birth Date: APHA#: (mm/dd/yy) Family Member #4: Birth Date: APHA#: (mm/dd/yy) Family Member #4: Birth Date: APHA#: (mm/dd/yy) CLUB INTERESTS Showing Breeding Love of Horses Trail Riding Social/Fun Volunteer Work I would like my club points tallied for Year End Awards: Yes No SIGNATURES I the undersigned, agree to abide by the rules and regulations of the constitution of the Eastern Ontario Paint Horse Club Signature of Applicant: Date: Signature of Parent/Guardian: (if Applicant is 18 years of age and under) Mail form and Payment to: Date: Cheque (payable to EOPHC)		Family Membership	\$ 50.00	(Maximu	ım 2 adults and 4 ch	ildren 18 years of	age and under)		
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Family Member #2: Birth Date:	Family Member #1:				Birth Date:		АРНА#:		
CLUB INTERESTS Birth Date: APHA#: (mm/dd/yy)					(mm/dd/yy)				
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For EOPHC Constitution, Events, Clinics, Activities and Contact Information visit the website: http://eophc.weebly.com