



2023 MEMBERSHIP FORM

Date: _____ Type of Membership (check one): _____ Renewal _____ New

- _____ Individual Adult Membership.....\$20.00
- _____ Individual Youth Membership (under 18 as of 01/01/23)..... 10.00
- _____ Adult Couple..... 30.00
- _____ Family Membership.....40.00

Adult Name(s) _____ ApHC # _____
_____ ApHC# _____

Youth Name(s) _____ ApHC# _____
_____ ApHC# _____
_____ ApHC# _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

An email address is necessary since most club correspondence is done by email.

By applying for Calizona ApHC membership, I agree to abide by Calizona Appaloosa Horse Club operating rules.

Signature: _____ Date: _____

(Adult must sign for youth member)

Make check payable to: Calizona ApHC

If paying dues at a show, give membership form and check to Show Secretary.

Otherwise, mail to: Leslie Foxvog

6163 Jarrow Ave.
Phelan, CA 92371 (760)
981-9225
LPBDfoxfam@aol.com

Note: Membership does not include point-keeping fee(s). Members wishing to accumulate regional club points for Calizona ApHC year-end awards must file a *Calizona Points Declaration Form* and pay point-keeping fee(s).