

**2020 WApHC Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please include your email address if you have one-it helps our club save money on paper & postage.*

New \_\_\_\_\_ Renewal \_\_\_\_\_

Family Member Name(s)                      Relationship                      ApHC \* AYA \* Non-Pro #                      Youth DOB

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership Dues:    \$25 Family (parents + children 18 & under)                      \$20 Couple                      \$15 Individual

If you wish to be included in the WApHC Regional Awards Program, please include an additional **\$25 per horse/rider combination**. This will ensure that all classes shown in will be counted for year-end awards. Please see Regional Awards Rules for more information.

Horse/Rider: \_\_\_\_\_

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Horse/Rider: \_\_\_\_\_

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Horse/Rider: \_\_\_\_\_

Horse/Rider: \_\_\_\_\_

**WApHC Membership & Year-End Nomination fees  
must be paid prior to show for World-qualifying and Year-End awards.**

**Return to:** Chelsea Beil ~ 7540 Pine Road ~ Arena, WI 53503