

****2021****

IPHA MEMBERSHIP FORM

**Please send to: Paige Prehoda, 14730 E. 450 North Road, Heyworth, IL 61745
(309) 212-6560; pprehoda@obrienteam.com**

Name _____ Date _____

Address _____

City, State, Zip _____

Phone _____ County _____

Email _____

Would you like to receive your IPHA meeting notices via email? Yes No

ADULT: (Single~\$15.00 or Family~\$20.00) *See by-laws for family classification*

Reminder: APHA membership is now required for all exhibitors to show.

Please list all individual names and APHA membership numbers who will be showing at the IPHA shows this year.

Name: _____ APHA Membership #: _____

Name: _____ APHA Membership #: _____

YOUTH: \$10 Please list children's names, date of birth (DOB) and APHA Youth Numbers below.

Name: _____ DOB: _____ APHA Youth #: _____

Name: _____ DOB: _____ APHA Youth #: _____

Name: _____ DOB: _____ APHA Youth #: _____

Annual Back Numbers: (\$5 per set/\$10 laminated)

You can purchase/re-purchase a back number and the proceeds go to the Youth Club.

- ✓ If you would like to purchase a back number to use during current year through May of following year, please indicate your choices below, and include \$5.00 for each set.
- ✓ Laminated back numbers are available for \$10/set.
- ✓ If you purchased a number last year, you can continue to use that #. Each number must be re-purchased annually by June 1st, and if not, the number will be released.

Numbers requested: 1st choice: _____; 2nd choice: _____; 3rd choice: _____

Membership Type: (Youth \$10) _____; Single Adult (\$15) _____; Family (\$20) _____

Back # Non-Laminated \$5/set: _____; Laminated #'s: _____ X \$10/set=\$ _____

Total Paid: \$ _____; Cash: _____ or Check # _____