2024 Illinois Paint Horse Association Membership Form

Please send to: Paige Prehoda, 375 Norman Drive, Groveland, IL 61535 (309) 212-6560; prehodapaige@gmail.com

Name			Date	
Address				
Phone		County		
Email				
Would you like to	receive your IPHA r	meeting notices v	via email?Yes [No
******	*******	*******	********	k****
_	√\$20.00 or Family^ A <i>membership is now</i>	="	e by-laws for family classific exhibitors to show.	ation*
Please list all ind IPHA shows this		PHA membership	numbers who will be showing	at the
Name:		APHA	Membership #:	
Name:		APHA	Membership #:	
Numbers below Name:		DOB:	APHA Youth #:	
Name:		DOB:	APHA Youth #:	
Name:		DOB:	APHA Youth #:	
Name:		DOB:	APHA Youth #:	
******	******	******	********	****
Annual Back Numb	oers: (\$5 per set/\$10 la	<u>aminated)</u>		
If you would following yearLaminated In the second seco	d like to purchase a ba ear, please indicate you back numbers are avai nased a number last ye	ck number to use ur choices below, a lable for \$10/set. ear, you can contin	eeds go to the Youth Club. during current year through May nd include \$5.00 for each set. ue to use that #. Each number n mber will be released.	
Numbers requeste	d: 1 st choice:	; 2 nd choice:	; 3 rd choice:	
*****	******	******	********	* ****
Membership Type	e: (Youth \$15)	_; Single Adult (\$20); Family (\$25)	
Back # Non-Lam	inated \$5/set:	; Laminated #	's: X \$10/set=\$	
Total Paid: \$; Cash:	or Check #	