## \*\*2023\*\*

## **IPHA MEMBERSHIP FORM**

Please send to: Paige Prehoda, 1110 Whitaker St., Normal, IL 61761 (309) 212-6560; prehodapaige@gmail.com

Name	Date		
Address			
City, State, Zip			
Phone			
Email			
Would you like to receive your IPH		via email?	<del></del>
Reminder: APHA	membership is now r	required for a	laws for family classification* all exhibitors to show. be showing at the IPHA shows this year.
Name:	APHA Membership #:		
	APHA Membership #:		
**********	******	******	*****
YOUTH: \$15 Please list children	n's names, date of	birth (DOB)	and APHA Youth Numbers below
Name:	DOB:	APH/	A Youth #:
Name:			
Name:			
*************	*******	*****	********
your choices below, and include \$5.00 fo Laminated back numbers are available	umber and the proceed number to use during or each set. e for \$10/set. r, you can continue to	ds go to the Yo g current year	
Numbers requested: 1st choice:	; 2nd choic	ce:	; 3rd choice:
I would like to reserve a back #, but woul	ld <b>NOT</b> like it printed:		
*******	******	******	******
Membership Type: (Youth \$15)	; Single Adu	ılt (\$20)	; Family (\$25)
Back # Non-Laminated \$5/set:_	; Laminated	d #'s:	X \$10/set=\$
Total Paid: \$	: Cash:	0	r Check #

Payment may also be sent via PayPal: Illinois Paint Horse Association or treasurer@illinoispainthorse.com