



2012 Membership Application

Name: _____ National # _____

Spouse's Name: _____ National # _____

Children's Names: (1) _____ National # _____

Birthdate: _____ Show Age: _____

(2) _____ National # _____

Birthdate: _____ Show Age: _____

(3) _____ National # _____

Birthdate: _____ Show Age: _____

GLApHC is not responsible for accidents, injuries, damaged or stolen property!

Signature: _____

Address: _____

E-Mail: _____ Phone: _____

MEMBERSHIP FEES

(Owner & Exhibitor must be GLApHC members for regional points to count)

Family: \$40.00

Couple: \$35.00

Adult: \$20.00

Youth: \$15.00

Be sure to fill out our Nominations form for Horses, Non-Pros and Youths. Only those nominated will be counted for points. We will not accept point nominations on this form.

Please send this form with your check or money order to:

GLApHC—Amy Kocher
3759 Klondike Rd.,
Delaware, OH 43015