



# Illinois Appaloosa

## Membership Application

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

Spouse's

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

ApHC Membership No. Yours: \_\_\_\_\_ Spouse's: \_\_\_\_\_

Children's Names:

1. \_\_\_\_\_ AYA No. \_\_\_\_\_

2. \_\_\_\_\_ AYA No. \_\_\_\_\_

3. \_\_\_\_\_ AYA No. \_\_\_\_\_

4. \_\_\_\_\_ AYA No. \_\_\_\_\_

If more space is needed please continue on back.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Do you want your newsletter by: (Please Check One)

Email \_\_\_\_\_ or by Hard Copy (Regular Mail) \_\_\_\_\_

Membership Fee: (Please Check One)

\_\_\_\_\_ \$30 Family \_\_\_\_\_ \$25 Individual \_\_\_\_\_ \$15 Youth

(if not included in a  
Family Membership)

Send check made out to Illinois Appaloosa Association along  
with this form to: Frances Lange, 17131 Rock Creek Ave., Tallula, IL. 62688  
217-632-3398