

**Kentucky Mid-State Appaloosa Club
Membership Application or Renewal**

Year _____

DATE _____

NAME: _____ ApHC#: _____

SPOUSE'S NAME: _____ ApHC#: _____

FARM/STABLE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____

E-MAIL ADDRESS: _____

WEBSITE: _____

CHILDRENS' NAMES (IF 18 & UNDER JAN. 1 ST)	BIRTH DATE	ApHC YOUTH #
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check one: Single Membership \$15 ___ Family Membership - \$20 ___
(Includes Youth 18 & Under)

Would like to be involved in the following areas: (please check)

___ Membership	___ Futurity	___ Youth
___ Fundraising	___ Marketing	___ Newsletter
___ Show	___ Trail Riding	___ Pointkeeper

Please make checks payable to KY Mid-State ApHC.

PLEASE SEND ME THE FOLLOWING NOMINATION FORMS IN ORDER TO BE
ELIGIBLE FOR YEAR-END AWARDS: ___ Youth ___ Open ___ Non-Pro

SEND TO: PAULA GATEWOOD
4525 JONESVILLE ROAD
DRY RIDGE, KY 41035