



## VIRGINIA PAINT HORSE CLUB, INC. 2022 MEMBERSHIP FORM

**PLEASE FILL OUT ENTIRELY:**

Member Name: \_\_\_\_\_ APHA Member# \_\_\_\_\_

Add'l Family Member Name (if Family): \_\_\_\_\_ APHA Member# \_\_\_\_\_

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

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

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

**Note: To participate in the VPHC election and to receive up to date info on VPHC and APHA in periodic News Notes and Newsletters, you must fill out form completely and include an email address.**

FEES:

\_\_\_\_\_ Individual (\$30)

\_\_\_\_\_ Family (\$45) NOTE: Family is two adults//any minor children all residing at same address

\_\_\_\_\_ Youth (\$20)

\_\_\_\_\_ Youth-Term (\$50) (Term Membership Expires 12/31 of 18 year-old year) \_\_\_\_\_

If you would like to use PayPal click [here](#) VPHC PayPal email is [vphconline@gmail.com](mailto:vphconline@gmail.com).

Please email completed form to [jdjohnson63@msn.com](mailto:jdjohnson63@msn.com)

Please list youth members:

Name \_\_\_\_\_ DOB \_\_\_\_\_ AJPFA# \_\_\_\_\_ (if member)

Name \_\_\_\_\_ DOB \_\_\_\_\_ AJPFA# \_\_\_\_\_ (if Member)

Name \_\_\_\_\_ DOB \_\_\_\_\_ AJPFA# \_\_\_\_\_ (if member)

**Indicate areas of interest:** APHA shows \_\_\_\_\_ Trail Rides \_\_\_\_\_ PAC shows \_\_\_\_\_ Youth \_\_\_\_\_

Clinics \_\_\_\_\_ Breeding \_\_\_\_\_

If you prefer to pay by check, make check payable to VPHC.

Send completed form and check to: Jennifer Johnson PO Box 5 Drewryville, VA 23844

[jdjohnson63@msn.com](mailto:jdjohnson63@msn.com)

Please visit our website for additional information and updates [www.virginiapainthorseclub.org](http://www.virginiapainthorseclub.org)