



# 2024 TPHC MEMBERSHIP APPLICATION



January 1<sup>st</sup> thru December 31, 2024

Application & payment must be received prior to points accumulation for year-end awards.

### Membership Options:

Individual membership: Single Person (Adult or Youth).

Family membership: Spouse/Significant Other & dependent children (18 & under as of Jan 1, 2024)

Non-family membership: Covers all horses owned by ranch, farm, business, etc., in Open Division

### Membership Type:

New Membership:       Renewal:

### Membership Selection:

Individual/Adult (\$35):  Individual/Youth (\$35):  Family (\$50):  Non-Family (\$50):

Please provide the following information:

- 1) Names of all person(s) covered by Family membership
- 2) Business Name, Business Owner(s), Ranch, LLC, etc covered by Non-Family Membership

### VERY IMPORTANT:

- 1) Must include an APHA ID#/ valid email address
- 2) Please include DOB for all Youth Members
- 3) Must be used as shown on the horse's registration.

NAME	APHA #	ADULT (A)/ YOUTH (Y)	DOB (Youth Only)

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_ (Req)

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

Phone(s) \_\_\_\_\_ Fax \_\_\_\_\_

Make checks/money orders payable to:  
**TEXAS PAINT HORSE CLUB**  
 ATTN: *Eileen Daugirda*  
 1009 Briarcreek Drive  
 Arlington, TX 76012  
 Phone: 817-296-9144  
 Email: Edsonbon@aol.com

Membership Individual:	\$ _____
Membership Family/Non-Family:	\$ _____
Donation Youth Fund:	\$ _____
Donation Scholarship Fund:	\$ _____
Sponsorship:	\$ _____
Total Amount Enclosed:	\$ _____

**Office Use Only:** Payment Receipt Information: Date Rec'd \_\_\_\_\_ Amt pd \_\_\_\_\_  
 New or Renewal \_\_\_\_\_ Ind or Family \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_  
 Rec'd By \_\_\_\_\_

For Questions, please email [tphcmembership@gmail.com](mailto:tphcmembership@gmail.com)  
 \*Credit Card purchases will have an additional 4% processing fee\*