

2025 TPHC MEMBERSHIP APPLICATION



January 1st thru December 31, 2025

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

Membership O	otions:
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Membership Options:				
Individual membership: Single Person (A	dult <u>or</u> Youth).			
Family membership: Spouse/Significant	Other & dependent children	ı (18 & under as	of Jan 1, 2025)	
Non-family membership: Covers all horse	es owned by ranch, farm, bu	siness, etc., in O	pen Division	
Membership Type:				
New Membership: ☐ Renewal: ☐				
Membership Selection:				
Individual/Adult (\$35): 🗆 Individual/You	ıth (\$35): □ Family (\$50): □	☐ Non-Family ((\$50): □	
Please provide the following information:			,	
 Names of all person(s) covered by Far 	mily membership			
2) Business Name, Business Owner(s), R	anch, LLC, etc covered by No	n-Family Memb	ership	
VERY IMPORTANT:	•	•	·	
1) Must include an APHA ID#/ valid ema	il address			
2) Please include DOB for all Youth Mem	nbers			
3) Must be used as shown on the horse'	s registration.			
NAME	APHA#	ADULT (A)/	DOB	
NAME	AI HAT	YOUTH (Y)	(Youth Only)	
A dalance.	Γ Mail.		(Dow)	
Address:	E-Mail:		(Req)	
City:	State: Zij			
City	State:Zi _l	J		
Phone(s)	Fax			
Make checks/money orders payable to:	Manahanahin Individu		7	
TEXAS PAINT HORSE CLUB		Membership Individual: \$\\ Membership Family/Non-Family: \$\\ \$		
ATTN: Eileen Daugirda	Donation Youth Fund:			
1009 Briarcreek Drive	Donation Scholarship	_	<u> </u>	
Arlington, TX 76012	Sponsorship:	<u>-</u>		
Phone: 817-296-9144	Total Amount Enclose	ed:	S	
Email: Edsonbon@aol.com				

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

Credit Card purchases will have an additional 4% processing fee