## 2025 Illinois Paint Horse Association Membership Form

Please send to: Paige Prehoda, 375 Norman Drive, Groveland, IL 61535 (309) 212-6560; prehodapaige@gmail.com

Name _	ame Date				
Address					
	ate, Zip				
Phone _	one County				
Email					
Would y	ou like to receive your IPH	A meeting notices	via email?	Yes No	
*****	********	*******	******	******	
	: Single~\$20.00 or Famil er: APHA membership is n		•	•	
	st all individual names and ows this year.	APHA membership	numbers who	will be showing at the	
Name: APHA Membership #:				:	
Name: APHA Membership #:					
		_ DOB:	APHA Youth	ı #:	
	rs below:	DOB:	APHA Youth	ı #·	
Name: _		_ DOB:	APHA Youth	ı #:	
Name: _		_ DOB:	APHA Youth	ı #:	
*****	*******	******	*******	******	
Annual B	Back Numbers: (\$5 per set/\$1	<u>0 laminated)</u>			
□ If fo □ La					
Numbers requested: 1st choice:		; 2 <sup>nd</sup> choice: _	; 3 <sup>rd</sup> (	choice:	
*****	********	******	******	******	
Member	ship Type: (Youth \$15)	; Single Adult (	\$20); Fa	mily (\$25)	
Back #	Non-Laminated \$5/set:	; Laminated a	#'s:X	\$10/set=\$	
Total Pa	id: \$	; Cash:	or Che	ck #	