

# 2020 MEMBERSHIP APPLICATION

(Membership Jan 1-Dec 31)



## Mississippi Valley Appaloosa Horse Club

FIRST/LAST NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

FARM NAME: \_\_\_\_\_ ApHC #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHILDREN'S NAMES: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

\_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

\_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF MEMBERSHIP (Check One): \_\_\_\_\_ Family - \$25.00

\_\_\_\_\_ Single - \$20.00

\_\_\_\_\_ Youth - \$15.00

PLEASE MAIL THIS FORM ALONG WITH YOUR MEMBERSHIP FEE TO:

STACY CWIKLO  
222 CALVIN PARK SOUTH  
ROCKFORD, IL 61108

MAKE CHECKS PAYABLE TO: MVApHC (Mississippi Valley Appaloosa Horse Club)