

2019 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)