



**E WA TOM LIH KINH
(Bay Area)
APPALOOSA CLUB**

2018

**Membership APPLICATION
&
RENEWAL FORM**

Date _____

(Please Print or Type)

Membership Year Runs 1/1 - 12/31

Type of Membership Desired:

- | | | |
|-------------------------|----------|-----------------------------------|
| _____ Family Membership | -\$35.00 | (H/W and dependents 18 and under) |
| _____ Husband & Wife | -\$30.00 | |
| _____ Single Adult | -\$20.00 | (19 & Older) |
| _____ Youth | -\$10.00 | (18 & Under) |

Names of Voting Members

National Membership # (if any) Birth Date

Names of Youth:

Youth Birth Date

Address: _____

Make Check Payable to: **E WA T.L.K.**

Phone # (____) _____

e-mail _____

Mail To:
E Wa Tom Lih Kinh
PO Box 622
Clements, CA 95227
kelsey@ewaappaloosa.com

If accepted for membership I agree to be bound by and comply with the Articles of incorporation By-laws, Agreement of Memberships, Rules, Regulations and Resolutions of the E Wa Tom Lih Kinh Appaloosa Horse Club, Inc.

Date _____ Signature _____

If you are not a member of the National Appaloosa Club, please join!