



**2018 ApCHA Membership Form**

- Single Membership      \$25.00
- Family Membership      \$35.00
- Youth Membership      \$10.00
- Life Membership      \$450.00

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Please fill out this form and send with payment to:

ApCHA  
Attn: Dannica Percevich  
18995 Gaver Rd.  
Belle Fourche, SD 57717

For Questions contact Dannica Percevich at 605-641-1596 or [dp2005@hotmail.com](mailto:dp2005@hotmail.com)

To Pay by Credit Card:

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV (Number on Back): \_\_\_\_\_