

# Membership Application



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

SPOUSE: \_\_\_\_\_ ApHC #: \_\_\_\_\_

FARM NAME (OPTIONAL): \_\_\_\_\_

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

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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

**STALLIONS STANDING (FOR SOONER STALLION SUPER STAKES PROGRAM):**

REG. NAME: \_\_\_\_\_ REG. #: \_\_\_\_\_ BREED: \_\_\_\_\_

REG. NAME: \_\_\_\_\_ REG. #: \_\_\_\_\_ BREED: \_\_\_\_\_

REG. NAME: \_\_\_\_\_ REG. #: \_\_\_\_\_ BREED: \_\_\_\_\_

**TYPE OF MEMBERSHIP**

INDIVIDUAL—\$15                       FAMILY—\$30

**FAMILY YOUTH MEMBERS**

NAME	AGE	DATE OF BIRTH	ApHC #

**AREAS OF INTEREST, EXPERTISE**

FILLING IN THIS SECTION IS OPTIONAL, BUT WILL ALLOW US TO FOCUS ON OUR MEMBERSHIP'S INTERESTS.

<input type="checkbox"/> I <input type="checkbox"/> E	BARREL RACING	<input type="checkbox"/> I <input type="checkbox"/> E	GAMES IN GENERAL	<input type="checkbox"/> I <input type="checkbox"/> E	APPALOOSA RACING
<input type="checkbox"/> I <input type="checkbox"/> E	ROPING	<input type="checkbox"/> I <input type="checkbox"/> E	TRAIL RIDES	<input type="checkbox"/> I <input type="checkbox"/> E	TEAM PENNING
<input type="checkbox"/> I <input type="checkbox"/> E	CATTLE IN GENERAL	<input type="checkbox"/> I <input type="checkbox"/> E	RANCH HORSE COMPETITIONS	<input type="checkbox"/> I <input type="checkbox"/> E	ENDURANCE EVENTS
<input type="checkbox"/> I <input type="checkbox"/> E	HORSE SHOWS / ApHC	<input type="checkbox"/> I <input type="checkbox"/> E	HORSE SHOWS / OPEN	<input type="checkbox"/> I <input type="checkbox"/> E	DRESSAGE
<input type="checkbox"/> I <input type="checkbox"/> E	DRILL TEAM	<input type="checkbox"/> I <input type="checkbox"/> E	THREE DAY EVENTS	<input type="checkbox"/> I <input type="checkbox"/> E	CROSS COUNTRY
<input type="checkbox"/> I <input type="checkbox"/> E	FOX HUNTS	<input type="checkbox"/> I <input type="checkbox"/> E	HUNTER PACE	<input type="checkbox"/> I <input type="checkbox"/> E	PONY CLUB
<input type="checkbox"/> I <input type="checkbox"/> E	PLAY DAYS	<input type="checkbox"/> I <input type="checkbox"/> E	OTHER (explain)		

RETURN MEMBERSHIP FORM TO:

GERRY LUKACIK, 6908 W. 93RD STREET S, OKTAHA, OK 74450