

TVApHC MEMBERSHIP APPLICATION

Name: _____ ApHC# _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ E-mail Address: _____

Other Members: _____ ApHC# _____

Other Members: _____ ApHC# _____

Children 18 years of age or younger:

_____ ApHC# _____

_____ ApHC# _____

_____ ApHC# _____

_____ ApHC# _____

Type of Membership: Individual: \$15/yr _____ Family: \$25/yr _____

Interest in Breed: Owner _____ Trainer _____ Breeder _____

Show _____ Trail Rider _____ Distance Rider _____

I/We understand the TVApHC Incorporated does not accept any financial responsibility for risk of loss or injury to any exhibitor or spectator and all participate at their own risk.

Signature: _____

Signature: _____

Make check payable to TVApHC and mail with completed form to: Karen K. Starkey
981 Hamilton Lane
Kingston, TN 37763

If you have any questions about this application, please contact Karen at (865) 717-0204 or Chris Carpenter at (423) 442-2059.