

Central Ontario Appaloosa Horse Club
MEMBERSHIP APPLICATION

Membership Fee \$ 10.00 per person. Children under 13 FREE.
Membership end Dec.31 of each year

Name: _____

Address: _____

City: _____ Prov/State: _____ Postal Code: _____

Phone: (_____) _____ Fax:(_____) _____

E-Mail _____ Name of Spouse: _____

Additional family members // Dates of Birth of Youth 18 & Under

_____ / _____

_____ / _____

_____ / _____

_____ / _____

COAHC # _____ ApHCC # _____ ApHC # _____

Amateur YES () NO ()

Newsletter can be received on line at www.appaloosahorse.org via COAHC link or by snail mail

I would like to receive my newsletter ON-LINE () Snail Mail ()

I would like to help with fund-raisers YES () NO ()

Club Sponsor YES () NO ()

C.O.A.H.C. assumes no responsibility in the case of loss, damage or injury to persons, horses or personal property. Only upon this condition will Membership be accepted.

Signature of applicant or guardian: _____

Cheques payable to the C.O.A.H.C.

Mail to: Allan Westley 4314 Victoria Rd S, R.R. # 1, Puslinch, Ontario N0B-2J0
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