

**UNITED ONTARIO APPALOOSA HORSE COUNCIL**

**APPLICATION FOR MEMBERSHIP**

YEAR ENDING DECEMBER 31, 20\_\_ NEW ( ) RENEWAL ( )

SINGLE \$ 15.00 FAMILY \$ 25.00 YOUTH \$ 10.00

NAME: \_\_\_\_\_

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

\_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME CLUB: EOAHC ( ) SWOAPC ( ) KRAHC ( ) TBAC ( ) OAHA ( )

ADDITIONAL FAMILY MEMBERS

NAMES DATE OF BIRTHS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ApHCC MEMBERSHIP # \_\_\_\_\_ ApHC MEMBERSHIP # \_\_\_\_\_

YOUTH/AMATEUR # \_\_\_\_\_ YOUTH/AMATEUR # \_\_\_\_\_

I/WE HEREBY AGREE TO ABIDE BY THE CONSTITUTION, BY-LAWS AND RULES OF UOAH. UOAH ASSUMES NO

RESPONSIBILITY IN CASES OF LOSS, DAMAGE OR INJURY TO PERSONS, HORSES, OR PERSONAL PROPERTY FROM

ANY CAUSE AND FROM ANY CONDITION. UPON THIS SIGNED AGREEMENT ONLY ARE MEMBERSHIPS ACCEPTED.

SIGNATURE of APPLICANT or GUARDIAN

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(PLEASE MAKE ALL CHEQUES PAYABLE TO UOAH) Mail to: Sandra Landry R.R. # 2 Norwood,  
Ont K0L 2V0

