

GULF COAST PAINT HORSE CLUB 2024 MEMBERSHIP APPLICATION





FAMILY MEMBERSHIP (Husband/	wife and youth) OR	YOUTH (18 Years of Age and t	under as of Jan 1, not married)		
INDIVIDUAL (19 Years of Age as o	f Jan 1) OR	RANCH/ FARM: (ONLY if hor	ses are registered in Farm/Ra	ınch name.)	
NAME:					
ADDRESS:					
CITY:		STATE: ZIP:			
PHONE: Home:		TRAINER			
EMAIL:		APHA ID#			
	•	embership, please list hus nembership, all owners, wh		•	
Family Members	Youth Name	Youth DOB	Amateur Name	Year of Birth	
YOUTH MEMBERS	: If you are interest	ted in participating in GCj	PHC youth activities, ple	ease check here:	
My e-mail address					
Points earned before p <u>Clu</u>	•	vill not be tabulated. s are posted at www.	gcphc.com.		
		FOR DUES ACCOMPANIED BY COMPLETED APPLICATION \$ 20.00			
Lifetime			\$ 125.00		
Please add		the Youth Club	•		
Make check payable	e to: <u>GCPHC</u>	Mail Form & Check to:	SALLY GRIFFIN PO BOX 610 Tomball, TX 77377		
Notices will be sent via e-mail.		All dues will be ackno	All dues will be acknowledged when received.		
Date:	Check #:	Amount: \$	New /	'Renewal	
		Received by:		_	