

# Conditional Signature Authorization

Office use only

WO No.: \_\_\_\_\_ Date entered.: \_\_\_\_\_

By: \_\_\_\_\_



## American Paint Horse Association

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**All participants in the authorizing party must sign this agreement.  
 This document must be notarized.**

### Instructions

- Fill out this form in its entirety, including all required signatures.
- The horse owner, ranch, partnership or entity on record with APHA as the owner of the horse or horses will be considered the authorizing party.
- Changes of ownership, conditions or other modifications to this agreement require that a new form be filed.
- There are two sections the authorizing party (member) must sign.

The Authorizing Party

(APHA Member) is: \_\_\_\_\_ APHA I.D. No.: \_\_\_\_\_

An  Individual or a  Partnership, or Corporation.

If this Authorization is for a ranch, is the ranch an  Individual or a  Partnership, or Corporation. If the ranch has not been filed as a corporation, check "Individual" (dba).

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

The authorized signature(s) for this ownership is/are restricted as indicated below, effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Only one signature accepted. Only the signature listed below is to be accepted on documents for the referenced ownership.

Two or more signatures required.

All signatures listed below are required on all documents.

Any signature may be accepted, but signature must be notarized on breeder's certificates.

If this authorization is for only ONE horse, please list horse's name and number.

Registered name of horse: \_\_\_\_\_ Reg. no.: \_\_\_\_\_

If no horse has been indicated, this authorization will apply to all horses owned or owned in part by the above entity.

### Ranch, Partnership or Entity Authorization

- If this authorization is on behalf of a ranch, partnership or entity, print the name and addresses of ALL partners, owners, etc.
- If this form is not completed in its entirety, the Signature Authorization will not be considered complete and valid.
- Each partner or owner must sign attesting that they are in agreement that the agents and conditions indicated are authorized on their behalf.
- Signatures must be notarized. If more space is needed, please use the reverse of this form.

### Authorizing Party/Owner

1. Name: \_\_\_\_\_ Signature: X

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Notarization

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn before me on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ the above individual has sworn the provisions listed are true and correct Stamp or seal

Sworn to: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Authorizing Party/Owner

2. Name: \_\_\_\_\_ Signature: X

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Notarization

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn before me on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ the above individual has sworn the provisions listed are true and correct Stamp or seal

Sworn to: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Termination of Authorization

- If this authorization is for a partnership, it will remain in effect until canceled in writing by the person(s) signing the authorization form.
- If this authorization is for one horse, it will remain in effect until canceled in writing by the recorded owner or lessee.
- Termination of authorization will take effect on the date received by the Association office.
- Transfer of ownership or termination of the recorded lease will cancel the signature authorization affecting that particular horse.

### Individuals Authorized to Sign for Authorizing Party

Printed Name of Authorized Individual	Signature of Individual	Authorization is for all APHA Documents	Authorization is limited to: (check those that apply)						
			Registration Applications	Affidavits on behalf of Owner	Stallion Breeding Reports	Transfers	Breeder's Certificates	Lease	Semen Transfer Permits
1.	<u>X</u>								
2.	<u>X</u>								
3.	<u>X</u>								
4.	<u>X</u>								
5.	<u>X</u>								

### Membership

- To take advantage of reduced member rates, membership must be held or purchased in the exact name as the authorizing party.
- Memberships begin in the same month authorization is postmarked.
- Fees subject to change without notice.
- Any alteration of this form invalidates it and will require a new form.

### Fees

Conditional Signature Authorization Fee **Member \$10**

U.S. Funds Only

### Membership Levels

One-year—\$35  Three-year—\$75

Five-year—\$125  Lifetime—\$400

Conditional Signature Authorization Fee: \$ \_\_\_\_\_

Membership Dues: \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

Check or money order enclosed. **Do not send cash.**

If you pay by check, it may be converted into an electronic funds transfer.

MasterCard  VISA

### If paying by credit card, please complete the following.

Card No.: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

APHA I.D. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_