

Signature Authorization Form



American Paint Horse Association

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Instructions

- Authorization begins based on the date this form is received by APHA.
- Changes of ownership, or other modifications, to this agreement requires that a new authorization form be completed in its entirety and a new \$10 filing fee be paid.
- To remove an owner, the owner being removed must submit a written and signed notification to APHA acknowledging same.

Individuals

- If the APHA member is an individual, sign and complete as #1 in this section.

Entities (ranch, corporation, etc.)

- Each owner/partner must sign attesting they are in agreement that the individuals listed in the bottom section are authorized to sign on their behalf.
- If this form is not completed in its entirety, the Signature Authorization will not be considered complete and valid.
- Any alteration of this form invalidates it and will require a new form.
- Failure to list all owners/partners may subject the APHA member to possible disciplinary action.
- If additional space is needed, use reverse side.

Termination of Authorization

- This authorization will remain in effect until canceled in writing by all partners, owners and corporate officers listed on this authorization form.
- Termination of authorization will take effect on the date received by the Association office.

APHA Member is: _____ APHA I.D. No.: _____

Individual OR Entity (ranch, corporation, etc.)

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: _____

Print names and addresses of ALL partners, owners, or corporate officers.

1. Name: _____ APHA ID Number: _____

Signature: **X** _____ Date: _____

Address: _____

Daytime Phone: _____ E-mail: _____

2. Name: _____ APHA ID Number: _____

Signature: **X** _____ Date: _____

Address: _____

Daytime Phone: _____ E-mail: _____

3. Name: _____ APHA ID Number: _____

Signature: **X** _____ Date: _____

Address: _____

Daytime Phone: _____ E-mail: _____

This authorization is binding for:

- All horses
 One specific horse _____

Registration Name _____ Number _____

Subsequent filings will supercede all previous authorizations.

Individuals Authorized to Sign for APHA Member

Only the signatures listed in this section will be authorized to sign documents on behalf of the APHA member.

Printed Name of Authorized Individual	Signature of Authorized Individual	Authorization is limited to: (check those that apply)							
		All Documents	Registration Applications	Affidavits on Behalf of Owner	Stallion Breeding Reports	Transfers	Breeders Certificates	Leases	Semen Transfer Permits
1. _____	X _____								
2. _____	X _____								
3. _____	X _____								
4. _____	X _____								
5. _____	X _____								

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.
- An office processing fee of \$10 will be charged on all registration work not processed to completion.
- For more information, please call customer service at 817-222-6423 or email us at askapha@apha.com.

Fees

Signature Authorization Fee Member Rate
\$10
US Funds Only

Membership Levels

- One-year—\$40 Three-year—\$90
 Five-year—\$150 Lifetime—\$500
 Junior One-year—\$20
 (Age 18 or younger) Birthdate: ____/____/____
 Junior Three-year—\$40
 (Age 18 or younger) Birthdate: ____/____/____
 J-Term—\$100
 (Good through age 18) Birthdate: ____/____/____

Total Amount Due

Signature Authorization Fee: \$ _____
 Membership Dues: \$ _____
TOTAL \$ _____

- Check or money order enclosed. **Do not send cash.**
 Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

MasterCard Visa American Express

If paying by credit card, please complete the following.

Card No.: _____

Exp. Date: _____ CVV#: _____

Name of Cardholder: _____

APHA ID No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

E-mail: _____

Signature: **X** _____