

Signature Authorization Form



American Paint Horse Association

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Office use only

WO No.: _____

Date: _____ By: _____

All participants in the authorizing party must sign this agreement.

Instructions

- ◆ 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.
- ◆ Authorization begins based on the date this form is received by APHA.

The Authorizing Party

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

An (Individual or 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: _____

Individuals

- ◆ If the authorizing party is an individual, sign and complete all information as Authorizing Party member 1.

Ranch, Partnerships or Entity Authorization

- ◆ Print name and address of ALL partners, owners, or corporate officers.
- ◆ Each authorizing party member must sign attesting they are in agreement that the individuals listed 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 such persons may subject the authorizing party 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 authorizing party members listed on this authorization form.
- ◆ Termination of authorization will take effect on the date received by the Association office.
- ◆ Changes of ownership, agents, or other modifications, to this agreement require that a new authorization form be completed in its entirety.
- ◆ To remove an owner, the owner being removed must submit a written and signed notification to APHA acknowledging same.

Authorizing Party Members (Owner or Partners) Listing of an individual in this section will not constitute authorization unless also designated as such below.

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: _____

If this authorization is to be limited to one specific horse, please indicate the name and registration number.

_____ Registration Name _____ Number

If no horse has been indicated, it will be assumed that this authorization covers all horses owned in all or in part by the above entity or individual.

Individuals Authorized to Sign for Authorizing Party

Only the signatures listed in this section will be authorized to sign documents on behalf of the individual or entity listed above.

Printed Name of Authorized Individual	Signature of Individual	Authorization is for all APHA Documents	Authorization is limited to: (check those that apply)						
			Registration Applications	Alfidavits on behalf of Owner	Stallion Breeding Reports	Transfers	Breeder's Certificates	Leases	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.
- ◆ An office processing fee will be charged on all registration work not processed to completion.

Fees

Signature Authorization Fee Member \$10
 U.S. Funds Only

Membership Levels

- One-year—\$35 Three-year—\$75
 Five-year—\$125 Lifetime—\$400

Signature Authorization Fee: \$ _____

Membership Dues: \$ _____

TOTAL \$ _____

Check or money order enclosed. **Do not send cash.**
 If you pay by check, your check 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: _____

Daytime phone: _____

E-mail: _____

Signature: _____