



**AMERICAN PAINT HORSE ASSOCIATION
Regional and International Club UPDATE
and OFFICER INFORMATION for 2009**

<i>Office Use Only</i>
Club ID # _____
Treasurer # _____
Date sent to Perf Dept. _____

Name of Club: _____

Name, mailing address and telephone number of individual whose name may be published as the club contact: (Secretary will be listed unless otherwise specified)

Name: _____ Address: _____ Phone # _____

President: _____	APHA ID #: _____
AC/Phone: _____ Fax: _____	E-Mail: _____
Address: _____ City: _____	State: _____ Zip: _____
Vice President: _____	APHA ID #: _____
AC/Phone: _____ Fax: _____	E-Mail: _____
Address: _____ City: _____	State: _____ Zip: _____
Secretary: _____	APHA ID #: _____
AC/Phone: _____ Fax: _____	E-Mail: _____
Address: _____ City: _____	State: _____ Zip: _____
Treasurer: _____	APHA ID #: _____
AC/Phone: _____ Fax: _____	E-Mail: _____
Address: _____ City: _____	State: _____ Zip: _____
Newsletter Editor:: _____	APHA ID #: _____
AC/Phone: _____ Fax: _____	E-Mail: _____
Address: _____ City: _____	State: _____ Zip: _____

SPECIAL INTEREST GROUPS: (i.e. Amateur, Youth, Trail Riding, etc.)

Name of Group: _____	Correspondent: _____
AC/Phone: _____ Fax: _____	E-Mail: _____
Address: _____ City: _____	State: _____ Zip: _____
Name of Group: _____	Correspondent: _____
AC/Phone: _____ Fax: _____	E-Mail: _____
Address: _____ City: _____	State: _____ Zip: _____
Name of Group: _____	Correspondent: _____
AC/Phone: _____ Fax: _____	E-Mail: _____
Address: _____ City: _____	State: _____ Zip: _____

Date of Annual election: _____

Date By-laws last updated: _____

Return this form to APHA, attention Julie Haney, PO Box 961023, Fort Worth, Texas 76161-0023, along with a list of current, dues-paying members of the above club and the most recent year-end financial statement.

CLUB ACTIVITIES

APHA Approved shows for 2009

1. DATE: _____
LOCATION: _____
2. DATE: _____
LOCATION: _____
3. DATE: _____
LOCATION: _____

Open shows for 2009

1. DATE: _____
LOCATION: _____
Contact Person (& phone #): _____
2. DATE: _____
LOCATION: _____
Contact Person (& phone #): _____
3. DATE: _____
LOCATION: _____
Contact Person (& phone #): _____

OTHER ACTIVITIES (Trail Rides, etc.) HELD BY YOUR CLUB, OF INTEREST TO THE PUBLIC

1. EVENT: _____
DATE: _____
LOCATION: _____
Contact Person (& phone #): _____
1. EVENT: _____
DATE: _____
LOCATION: _____
Contact Person (& phone #): _____

LIST CLUB DIRECTORS, ADDRESSES AND PHONE NUMBERS IN THE SPACES BELOW (or use additional page if necessary)
