

# New England Paint Horse Club 2025 Membership & Renewal Form

APHA ID NUMBER: \_\_\_\_\_

**Individual:** \$30.00 \$ \_\_\_\_\_

**Youth:** (18 & Under as of January 1<sup>st</sup>) \$20.00 \$ \_\_\_\_\_

**Affiliate Member:** Parent/Guardian of paid youth(s). Voting member only. \$20.00 \$ \_\_\_\_\_

Affiliate members are not eligible for year-end awards. See By-Laws Article III - Membership.

Youth Name & Date of Birth: \_\_\_\_\_

Youth Name & Date of Birth: \_\_\_\_\_

**PAC ~ Open Show Program Annual Fee (Per Horse/Rider) \$15.00\*** \$ \_\_\_\_\_

*\*You only need to pay for this if YOU ARE PARTICIPATING in this program for 2025.*

List Horse(s) that will compete in PAC: \_\_\_\_\_

**Sponsor a Class: \$50.00** \$ \_\_\_\_\_

(Choose your class and you will be the sponsor at each NEPHC show)

Class: \_\_\_\_\_

**Zina Slade Memorial Scholarship Donation** \$ \_\_\_\_\_

Voluntary Contribution: \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Please check one: New \_\_\_\_\_ Renewal \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

**MAKE ALL MEMBERSHIP CHECKS PAYABLE TO "NEPHC"**

Do you have an area of expertise that you would be willing to help the club with?  
(Marketing/Web/Sales/etc.) Please indicate \_\_\_\_\_

Mail to: Karen Roy  
27 Grove Avenue  
Salem, NH 03079

\*\* Questions about Memberships please contact Karen Roy at 603-458-5002 or info@nephc.com\*\*

May we share your mailing address with NEPHC sponsors? Yes \_\_\_\_\_ No \_\_\_\_\_

2025 Membership Form