

7- Counties Paint Horse Club

2026 Membership Form

Name:	
Address:	
Telephone:	
E Mail:	
APHA #:	

Individual Membership \$35.00

Family Membership \$40.00

**I have read & understand the rules for Year End Awards. _____
(Including APHA Family Age Requirements) (Initials)**

If you would like to participate in the year-end awards program but would like to wave your work hours required you can pay a fee now of:
\$100.00 to wave your work hours.

Please mail check (payable to 7CPHC) to:

**Denise Escover Treasurer/Membership
2520 Fallon Rd.
Hollister, CA 95023
831-637-7923**