

MEMBERSHIP APPLICATION

/ /.	- 1/1/4	NAME			
(: :		ADDRESS			
(-;/:	11:20	CITY	STATE	ZIP	
APPALO	OSA CLUB	PHONE#()		ApHC#	
		E-MAIL:		_	
UES Y	ear in L.C.A.C. runs	from Jan. 1st - Dec.	31st of each year.		
5.00	(Single or Individ	ual Membership)			
20.00	(Any two family	members)			
25.00	(3 or more family	members, Parents &	minor children)		
OR FAMILY	MEMBERSHIP, LIST I	EVERYONE IN FAMIL	Y WITH ApHC #'S:		
ame			ApHC #	Youth DOB	
 ST ALL HOR	SES BEING SHOWN THI	S SEASON WITH REGI	STRATION NUMBERS(if A	nHC)	
orse			Reg. #'s	,-1-0)	
0150			105. 11 5		
f needed, use a	a separate sheet of paper)]	Please make checks pay	able to LCAC.	
Sail to:	Donna Sorrell	Annalogge Club	PayPal		
	Lake Champlain . 55 Elm Street	Appaioosa Club	LCACAppClub@gmail.c	oom O	

Champlain, N.Y. 12919

*Paypal is now accepted via Friends & Family Only. Please in note section Please in note section
list your name and what money is for.

No fee when you use your bank or balance to send USD in the U.S.

Send to friends and family