



MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE#(_____) _____ ApHC# _____

E-MAIL: _____

DUES Year in L.C.A.C. runs from Jan. 1st - Dec. 31st of each year.

\$15.00 (Single or Individual Membership)

\$20.00 (Any two family members)

\$25.00 (3 or more family members, Parents & minor children)

FOR FAMILY MEMBERSHIP, LIST EVERYONE IN FAMILY WITH ApHC #'S:

Name	ApHC #	Youth DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL HORSES BEING SHOW THIS SEASON **WITH REGISTRATION NUMBERS**

Horse	Reg. #'s
_____	_____
_____	_____
_____	_____
_____	_____

(If needed, use a separate sheet of paper)

Mail to: Donna Sorrell
 Lake Champlain Appaloosa Club
 55 Elm Street
 Champlain, N.Y. 12919

Please make checks payable to LCAC.