



Central California
Paint Horse Club

2019 Membership Application

Last Name: _____ First Name: _____ BD _____
(Month & Day Only)

Spouses Name: _____ BD _____
(Month & Day Only)

Youth Name: _____ BD _____
(Month & Day Only)

_____ BD _____
(Month & Day Only)

Ranch Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Type of Membership: New: _____ Renewal: _____

\$35.00 Family Membership (Husband, Wife & Children 18 & Under) (One vote per senior member - Must have Spouses name for 2 votes) Requires 15 Hrs Worked + Attend 4 Meetings or 20 Hrs of work no meetings

\$25.00 Senior Membership (19 Years & Older) (One Vote) Requires 10 Hrs of work & 2 meetings or 20 Hrs of work no meetings

\$200.00 Membership no work hours required

Please remember that California State or Club Points will **NOT** count prior to membership being paid. \$5.00 of each membership is sent to C.C.C.

Please Make Checks Payable to CCPHC

Send Application and payment to:

Central California Paint Horse Club

Attn: Membership

11000 Brimhall Rd., Suite E-90

Bakersfield, CA. 93312

THIS APPLICATION IS FOR ADULT CLUB MEMBERSHIP AND AWARDS ONLY.

Office use only:
Cash/Check # _____
Amount \$ _____
Date: _____

www.centralcaliforniapainthorse.com