

Southern Colorado Paint Horse Club

Membership Application

The Southern Colorado Paint Horse Club (SCPHC) welcomes your membership. For additional information, including show sponsorship, contact the SCPHC – Debbie Montgomery at (719) 372-3324. Please complete this form and mail it with your check payable to SCPHC to:

Debbie Montgomery
245 I Street
Penrose, CO 81240

Membership Type:

___ Family Membership (Including Youth 18 & Under) or Business: **\$25/year**

___ Individual Membership: **\$15/year**

Amount enclosed (\$) _____ **for membership year** _____.

Name(s): _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone: (____) _____ **E-Mail:** _____

Exhibitors: (List names of potential exhibitors. Check the SCPHC divisions they plan to compete in)

Name _____ Youth ___ Novice Amateur ___ Amateur ___ Open ___

Name _____ Youth ___ Novice Amateur ___ Amateur ___ Open ___

Name _____ Youth ___ Novice Amateur ___ Amateur ___ Open ___

Name _____ Youth ___ Novice Amateur ___ Amateur ___ Open ___

Please identify which club activity/committee you are interested in working on: Show ___ Awards ___
Banquet ___ Futurity ___ Club Ride and Picnic ___ Other _____

NOTICE:

In order to qualify for SCPHC points for SCPHC year-end awards, all horse owners who are listed on the registration papers must be paid-up members of the SCPHC before the first class in which points are sought. In addition, you must show in either the Colorado State Fair Show or the Fall Flannel Show (one horse, one rider per age division).

I agree to abide by the SCPHC membership requirements, the SCPHC show rules listed above and the SCPHC by-laws. I will accept all decisions of the SCPHC Board of Directors.

Signature: _____

Date: _____

If you would like to donate money for the awards given at the shows and at the end of the year, please specify the amount you wish to donate and include it with the amount of your membership. Thank you kindly.

\$10.00 ___ \$20.00 ___ \$50.00 ___ Other Amount _____

**SOUTHERN COLORADO PAINT HORSE CLUB
MEMBERSHIP RECEIPT
FOR 20__**

**Membership has been paid for _____, in the amount of \$15.00/
\$25.00 for the year 20__.** Please retain this receipt for your files.

**Brenda Snoddy
Secretary, SCPHC**

Date Postmarked _____