

PHBA RELATIONSHIP AUTHORIZATION FORM

15253 E Skelly Dr. * Tulsa, OK 74116-2637 * 918-438-1234

(Individual, family corporation, trust, or partnership name)

PHBA ID Number

City

State

Zip

The person(s) named in Section A meet the eligibility requirements described in rule 5205 of the PHBA Official Handbook on behalf of the above individual, family corporation, trust, or partnership, beginning on the date of _____

(Effective date should include any shows, etc. relating to this authorization)

PHBA has the right to order, but not limited to, birth certificates, marriage license, etc. This authorization shall remain in effect until written notice of cancellation is received by PHBA.

Section A: Authorized Person(s)

Name _____ PHBA Membership # _____

Date of Birth _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Fax # _____ E-mail Address _____

Signature _____

Name _____ PHBA Membership # _____

Date of Birth _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Fax # _____ E-mail Address _____

Signature _____

Name _____ PHBA Membership # _____

Date of Birth _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Fax # _____ E-mail Address _____

Signature _____

Section B: Authorized Representative of Organization

The designated organization for which this authorization is filed is:

- Individual Proprietorship, **Corporation (See reverse side), Trust, Other

IN EXECUTING THIS AUTHORIZATION FORM, I REPRESENT IT IS TRUE AND CORRECT AND I HAVE AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION. The undersigned hereby agrees to indemnify and hold harmless the Palomino Horse Breeders of America from any and all liability, whenever or however arising, by virtue of its reliance on this authorization; agrees to pay for all expenses and the defense of the Association at my expense; and if judgment be taken against the association, to pay said judgment and obtain written release in form acceptable to the association.

OWNER: _____

NOTARY: _____

BY: _____

STATE OF: _____

(Written Signature of Authorized Person)

COUNTY OF: _____

TITLE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

Please specify (Individual owner, Co-Owner, Partner, Officer, etc)

Month, Day, Year

DAYTIME PHONE #: _____

MY COMMISSION EXPIRES: _____

COMMISSION NUMBER: _____