



2018 Annual Notification of Affiliate Palomino Association

AMATEUR OFFICERS

Name of APA: \_\_\_\_\_

\_\_\_\_ (Check if appropriate) This APA is now inactive

Each APA shall report the results of APA officer, national director, alternate national director and inspector elections to PHBA prior to December 20. APA which does not meet the deadline shall be assessed a \$75 fine after December 20. An additional \$75 will be assessed for each thirty day period. For voting purposes, the notification must be postmarked or received within fifteen (15) days prior to any national meeting.

PRESIDENT NAME: \_\_\_\_\_ PHBA ID #: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ WORK #: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL # ( ) \_\_\_\_\_ - \_\_\_\_\_
FAX #: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

PRESIDENT-ELECT: \_\_\_\_\_ PHBA ID #: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ WORK #: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL # ( ) \_\_\_\_\_ - \_\_\_\_\_
FAX #: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_ PHBA ID #: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ WORK #: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL # ( ) \_\_\_\_\_ - \_\_\_\_\_
FAX #: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_ PHBA ID #: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ WORK #: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL # ( ) \_\_\_\_\_ - \_\_\_\_\_
FAX #: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

SECRETARY: \_\_\_\_\_ PHBA ID #: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ WORK #: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL # ( ) \_\_\_\_\_ - \_\_\_\_\_
FAX #: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_