



2018 Annual Notification of Affiliate Palomino Association

** NATIONAL DIRECTORS **

Name of APA: _____

____ (Check if appropriate) This APA is now inactive

Each APA shall be entitled to elect each of the following: (1) National Director for the charter; One (1) National Director for each twenty-five (25) members or major fraction thereof, as of record on September 30th of the year preceding the next annual PHBA meeting. All PHBA Past Presidents are Directors at large. **An APA which does not meet the deadline shall be assessed a \$75.00 fine after December 20th. An additional \$75.00 will be assessed for each thirty day period.** An APA may substitute National Directors after their election. However for voting purposes, the changes must be postmarked or received within fifteen (15) days prior to any National meeting. PHBA National Officers must be National Directors to vote.

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

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

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

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

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

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