



20\_\_ Annual Notification of Affiliate Palomino Association

FIELD INSPECTORS

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

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

Each APA shall elect its own officers and shall report the results of such elections to PHBA prior to December 20th of each year. An additional \$75.00 late fee will be assessed for each thirty day period after December 20th.

Please submit at least three (3) names.

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: \_\_\_\_\_

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