

## 20\_\_ Annual Notification of Affiliate Palomino Association

## \*\* OPEN OFFICERS \*\*

Name of APA:				
	(Check if appro	priate) This APA is nov	v inactive	
				tions to PHBA prior to <b>December 20</b> e assessed for each thirty day period
PRESIDENT NAME:			PHBA ID #:	
CITY:	STATE:		ZIP:	
	WORK #: (			
	E-MAIL ADDRESS:			
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: ( )				)
FAX #: ( )	E-MAIL ADDRESS:		WEBSITE:	
			PHBA ID #	:
ADDRESS:				
	STATE:			
HOME PHONE: ( )				)
FAX #: ( )	E-MAIL ADDRESS:		WEBSITE:	
			PHBA	ID #:
ADDRESS:				
	STATE:			
	WORK #: (			)
FAX #: ( )	E-MAIL ADDRESS:		WEBSITE:	
TREASURER:			РНВА І	D #:
ADDRESS:				
CITY:	STATE:		ZIP:	
HOME PHONE: ( )	WORK #: (	)	CELL # (	)
FAX #: ( )	E-MAIL ADDRESS:		WEBSITE:	
				<u>:</u>
CITY:	STATE:		ZIP:	
HOME PHONE: ( )		)	CELL # (	)
FAX #: ( )	E-MAIL ADDRESS:		WEBSITE:	