



20__ Annual Notification of Affiliate Palomino Association

--- YOUTH 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.

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: _____

ADULT LEADER FOR YOUTH: _____ PHBA ID #: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: () _____ - _____ WORK #: () _____ - _____ CELL # () _____ - _____
FAX #: () _____ - _____ E-MAIL ADDRESS: _____ WEBSITE: _____