

TRANSFER APPLICATION

OVERNIGHT SERVICES – Please circle one

US POSTAL - \$30.00

UPS - \$60.00

_ Zip: _____

Membership or Non-member fee is required to register a horse into a new owner(s) name. Memberships may be purchased at the same time of transaction to allow benefit of member fees. Memberships are nonrefundable and expire after 12 months. Additional information requiring rules, regulations, policies and other matters pertaining to PHBA events and programs are found in the PHBA Office Handbook, and online at www.palominohba.com. All fees are subject to increase.

MEMBERSHIP FEES

Transfer

Skip Transfer (per skip)

TRANSFER FEES (Non-Refundable)

Individual adult	\$55.00	Yth Scholarship & Educational Fund \$
Three year	\$135.00	PHBA Heritage Foundation \$
Joint (2 adults)	\$105.00	(Donations may be eligible for tax deduction)
Life Time	\$500.00	
Amateur or Novice Amateur - (add to individual adult-Per Year)	\$15.00	
Youth	\$25.00	
Novice Youth	\$25.00	

2 week rush

72 Hour

\$20.00

\$20.00

RUSH FEES (Additional fee to rush – Non refundable)

\$25.00

\$50.00

	2 Week Prior to & including W	orld Show	\$100.00	FED-EX - \$65.00			
				Shipping fees are approximate			
pove fees are discounted for check/cash paying customers	Visa, MasterCard & Discover ONLY						
	CREDIT CARD INFORMA	TION					
Credit Card Number:	Ex	ate:	Security Code:				
Print card holder's name:							
Card holder's Signature:	<u>.</u>						
	TRANSFER INFORMAT	ION					
Verify that the owner of record on the transfer form is the name on the certificate of re	gistration. The markings of the horse should be verified v	vith the Certifica	te of registration. Any erasure or a	Iteration of this form will necessitate verification.			
PHBA registered Name:	PHBA registration number:						
Date of sale: (month/day/year)//	If Gelded, date of	Gelding:	(month/day/year)	/ /			
As Owner, I hereby authorize PHBA to record the transfer of ownership on	this horse and certify that all information on th	s transfer of o	ownership on this horse and	certify all information on this transfer application true an			
correct to my personal knowledge. I further agree that the Palomino Horse cooperate with any documentation requested by PHBA. A copy (front and	·		-				
certificate of registration will be issued.	· -	_					
D: 10 N	BUYERS INFORMATION						
Print Buyers Name:							
Buyers Signature:			Date of Bir	th:/			
Buyers PHBA ID Number:	APA: (Affiliate Palo	mino Asso	ciation)				
(Leave blank if unknown)	Leave blank if unknow	'n					
Buyers Address:							
City :	State:		Zip:				
Home Phone: (Work Phone: ()		Cell Phon	e: (
Fax: () -	E-Mail address						
A record of all changes in ownership on registered horses shall be made. It shall be the	· · · · · · · · · · · · · · · · · · ·	ansfer applicatio	n and original certificate of registr	ation along with the proper fees directly to PHBA.			
	SELLERS INFORM	IATON					
Print Seller's Name:	Seller's Si	gnature: _					
Seller's PHBA ID Number:	Sellers Address:						
City:	State:		Zip	o:			
Home Phone: (Vork Phone: ()		Cell Pho	one: (
Fax: (E-Mail address:						
ŀ	consigned to auction sale, please provi	de the follo	wing information				
Name of sale company:			Date of sa	ale:/			