Affidavit for Name Change

American Paint Horse Association

Mailing Address: P.O. Box 961023 ◆ Fort Worth, Texas 76161
Physical Address: 2800 Meacham Boulevard ◆ Fort Worth, Texas 76137
(817) 834-APHA (2742) ◆ Fax (817) 834-3152
www.apha.com ◆ askapha@apha.com

- The name of a registered Paint Horse can be changed if the horse:
  1. has not started on any APHA-recognized track,
  2. has not earned one or more points in an APHA-approved show or contest, has not been named Grand or Reserve Champion or established a show record based on class wins,
  3. has no registered offspring, or
  4. has not compiled a record in programs recognized by APHA, such as PAC (Paint Alternative Competition Program) or Ride America®.
- If your Paint Horse meets these qualifications:
  1. Submit the original registration certificate.
  2. Complete this form and have it notarized. Telephone confirmation is NOT acceptable.
  3. Submit current left and right sideview photographs of the horse.
- If a name change request is received, along with a request for transfer of ownership, it may be necessary to obtain an Affidavit for Name Change from the previous owner. This will be determined by APHA upon receipt of the name change request and transfer. All forms must be received in the APHA office before the name change can be completed.
- Please provide at least three name options. Do not use punctuation marks or numbers. Name may not exceed 21 characters and spaces combined. Do not use names that sound similar to existing names, even if spelled differently.

Notary

- This form must be notarized and completed in its entirety.
- International members may submit a photocopy of a photo ID in lieu of notarization.

Fees

- All fees subject to change.
- An office processing fee of $10 will be charged on all work not processed to completion.

Membership

- The owner must have a current membership in the same name that the horse is owned. Memberships begin the same month affidavit is postmarked.
- For more information, please call Customer Service at 817-222-6423 or e-mail *askapha @apha.com*.

To be Completed by Owner of Record

Current Registered Name of Horse _____

Registration Number _____

List three new name choices in preferential order:

First Name Choice: _____

Second Name Choice: _____

Third Name Choice: _____

I certify that the above mentioned horse
1. has not started on an APHA recognized track;
2. has not earned one or more points in an APHA recognized show or contest, has not been named Grand or Reserve Champion or established a show record based on class wins;
3. has had no registered offspring;
4. has not compiled a record in programs recognized by APHA, such as PAC (Paint Alternative Competition Program) or Ride America®.

Signature of Recorded Owner:

X _____ Date: _____ / _____ / _____

Notary Public: Subscribed and sworn to before me this _____ day of _____, _____

Signature of
Notary Public in and for
said State and for said County: X _____

Stamp or seal

My commission expires: _____

State of: _____

County of: _____

Fees

Fees	US Funds Only	Member Rate
Name Change Fee		$100

Membership Levels

Adult	Junior (18 or younger)
☐ One-year—$40	☐ One-year—$20
☐ Three-year—$90	☐ Three-year—$40
☐ Five-year—$150	☐ J-Term—$100
☐ Lifetime—$500	Birthdate: ____/____/____

Additional Product Packages:

☐ **Premium**—$45 (save $20) One year subscription to the *Paint Horse Journal*($30 value), four generation, frameable, pedigree certificate($20 value), $15 gift certificate to the APHA General Store

☐ **Deluxe**—$15 (save $5) Four generation frameable, pedigree certificate ($20 value)

Total Amount Due

Name Change Fee: $_____

Rush Fee: $_____

Membership Dues: $_____

Product Package: $_____

TOTAL $_____

☐ Check or money order enclosed. ***Do not send cash.***
Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

☐ MasterCard ☐ Visa ☐ American Express

If paying by credit card, please complete the following.

Card No.: _____

Exp. Date: _____ CVV#:_____

Name of Cardholder: _____

APHA ID No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

E-mail: _____

Signature: X _____