



Individual membership \$20 (1 vote) (free membership with \$100 in sponsorships)

Family membership – 2 spouses and respective youth qualifying children
18 & under \$30 (1 vote)

Date of Birth (for Youth Membership): _____

Name: _____ APHA ID# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

(membership confirmation will be via email)

Upon receipt of payment, membership will be confirmed via e-mail (please provide e-mail address in appropriate area above).

**** Anyone obtaining \$100 in sponsorships will get a free membership****

****Anyone obtaining \$200 in sponsorships will earn a chance to win one free stall at any ESPHC Show****

*****Please watch the ESPHC website (www.esphc.com) and our Facebook page for the publishing of the 2018 Year End Point System and Year End Award rules.***

Payable to: ESPHC

Mail ESPHC Memberships to:

Melissa Lewis
6320 Wilson Rd
Vernon Center, NY 13477