



APAHA
GET YOUR POINTS ON

APAHA HIGH POINT PROGRAM APPLICATION FORM

NAME _____

ADDRESS _____

PHONE NUMBER _____

E MAIL _____

APAHA member? YES _____ NO _____

If no membership application submitted? YES _____ NO _____

PROFESSIONAL _____ AMATEUR _____

Payment received _____

Applicant signature

APAHA signature

Please mail form and check to:
Peter Conway
1080 Cty 2
Chatfield, MN 55923
507 867 2981