

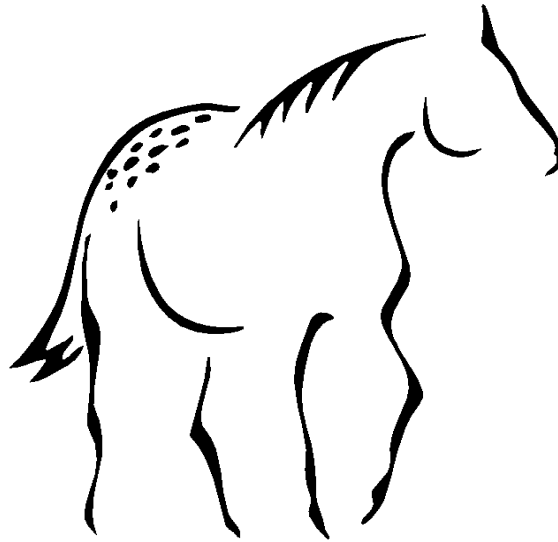
NAME & CHARTER #

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# Annual Report

Year \_\_\_\_\_

*Due February 15th*



**As per Rule 400 of the current ApHC Handbook,  
this report is to be completed by the membership at the  
Annual General Membership Meeting.**

**DIRECTIONS FOR COMPLETING °//IZL° ( 1 CLUB REPORT**

1. This report is to be compiled by your Affiliate Club Board of Directors and **signed by last years Regional Club President or Secretary.**
2. The following requirements must be received in the ApHC office **on or before February 15th.**

***Failure to return this yearly report by February 15th could result in loss of affiliation. - Rule 400.L***

3. Please print legibly or type all information except signatures.

*Please keep a copy of this report for your records.*

**RETURN REPORTS TO:**

**APPALOOSA HORSE CLUB  
Marketing Department  
2720 PULLMAN ROAD  
MOSCOW ID 83843**

**REGIONAL CLUB REPORT CHECKLIST:**

*For your convenience, please utilize the check list below to ensure that you have included all necessary information in this report.*

- List of current year Officers, Directors & Contact Person
- Signature of last years President or Secretary
- Meeting summary or minutes of at least one (1) Affiliate Club membership meeting from prior year
- List of Affiliate Club activities from prior year
- By-Law Changes (if any)
- Completed report

**DO NOT SUBMIT A MEMBERSHIP LIST AT THIS TIME**

*Membership lists are due July 15th*

## Current Year Club Officers

Name of Club or Association \_\_\_\_\_ Club Charter Number \_\_\_\_\_

Principle Contact Person \_\_\_\_\_ ApHC # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Fax Number (If Available) \_\_\_\_\_

**E-Mail and/or Web Address (If Available)** \_\_\_\_\_

**\* All correspondence from the ApHC will be sent to the contact person. The ApHC will publish the contact person's address and phone number in all Affiliate Club Listings.**

### Year \_\_\_\_\_ Officers

President \_\_\_\_\_ ApHC# \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice-President \_\_\_\_\_ ApHC# \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary \_\_\_\_\_ ApHC# \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Treasurer \_\_\_\_\_ ApHC# \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pointkeeper \_\_\_\_\_ ApHC# \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Newsletter Editor \_\_\_\_\_ ApHC# \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth Director \_\_\_\_\_ ApHC# \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE:** In order to assure that the correct person receives information from the ApHC office, please notify the ApHC of any changes to your club's officers, directors or contact person. These changes must be submitted in writing by a club officer.

**Year \_\_\_\_\_ Directors**

Printed Name \_\_\_\_\_ ApHC # \_\_\_\_\_

Printed Name \_\_\_\_\_ ApHC # \_\_\_\_\_

Printed Name \_\_\_\_\_ ApHC # \_\_\_\_\_

Printed Name \_\_\_\_\_ ApHC # \_\_\_\_\_

Printed Name \_\_\_\_\_ ApHC # \_\_\_\_\_

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Printed Name \_\_\_\_\_ ApHC # \_\_\_\_\_

Printed Name \_\_\_\_\_ ApHC # \_\_\_\_\_

Printed Name \_\_\_\_\_ ApHC # \_\_\_\_\_

**NOTE:** In order to assure that the correct person receives information from the ApHC office, please notify the ApHC of any changes to your club's officers, directors or contact person. These changes must be submitted in writing by a club officer.

**Last years (\_\_\_\_\_) President & Secretary**

President \_\_\_\_\_ ApHC# \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary \_\_\_\_\_ ApHC# \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**President's or Secretary's Signature**

This document must be signed by your last years President or Secretary before submitting the report to the ApHC. Reports submitted without this signature will not be accepted as complete. A space has been provided below for your President or Secretary to sign.

Printed Name \_\_\_\_\_ Office Held \_\_\_\_\_ Signature \_\_\_\_\_

**By signing this document, I attest that I have read this report and find the information to be true to the best of my knowledge.**

**Were any changes made to this club's By-Laws in 2010?    Y   or   N**

If yes, copies of your new By-Laws must be sent to the ApHC with this report. Please keep in mind that the ApHC may, at any time, request a copy of your club's By-Laws or minutes from your meetings.