



DIRECTORY LISTING APPLICATION

1. Individual or Business Name _____

2. Address _____

3. Telephone _____ Email _____

Please list the contact information below as you would like it to appear in the Directory.

4. Type/Title of the service you are offering _____

5. Name to be used in listing _____

a. Website address to link name to _____

or Email address to link name to _____

6. I am a polo player. Yes _____ No _____

7. I am a breeder. Yes _____ No _____

8. I am a trainer. Yes _____ No _____

9. I am an Instructor. Yes _____ No _____

10. How did you hear about us? _____

11. Fee: \$50

Benefits include a link/ listing to your Polo Horse related business/service in the Directory of Member Services (that will be accessible to everyone who visits the website www.americanpolohorse.com) and a one year Associate Membership.

12. I understand that my Listing in the Directory along with my Associate Membership is valid from January 1 to December 31 of the year in which the Directory Listing was purchased and can be terminated by the Association at any time for due cause under the Rules and Regulations which are posted on the website www.americanpolohorse.com . Rules and Regulations can be received by mail by calling the Association at (561) 312-5201.

Signature of Applicant

Date

Printed Name

Payable to: American Polo Horse Association

Mail to address below

For Office Use Only- DR _____ MNG _____ DWPS _____