

NO STAPLES PLEASE



ARABIAN HORSE ASSOCIATION SM

10805 East Bethany Drive | Phone 303-696-4500
Aurora, Colorado 80014 | Fax 303-696-4599
www.ArabianHorses.org | info@ArabianHorses.org



AHA 1006 (Rev. 1/06)

AHA SM MEMBER ENROLLMENT APPLICATION

Current AHA Membership with a Competition Card is required for participation in all AHA Member Programs; horses enrolled in AHA programs MUST be registered, or eligible for registration with the Arabian Horse Association or the Canadian Registries. Refer to the current Handbook for membership requirements and for specific rules, regulations and deadlines, or call the AHA office. Please print clearly in Blue or Black ink.

Are you a new member to AHA? [] YES [] NO If No, AHA Membership # _____

Applicant Name _____

Address _____ E-Mail _____

City _____ State/Prov. _____ Zip/Postal _____

Home # _____ Work # _____ Fax # _____

Social Security or Taxpayer I.D. # _____ Date of Birth _____ / _____ / _____
Month Day Year

Please enroll me as an AHA member (select one) Canadian Membership fees include 7% GST. Memberships renewed after the last day of the month in which the previous membership expired pay an additional \$10 late fee.

Table with 5 columns: Membership Dues, Club Dues (for individuals only), *Competition Card with Club Affiliation, *Competition Card without Club Affiliation, and a price column. Rows include Adult Membership-One Year, Adult Membership-Three Year, Youth Membership, ** Business Membership, and Life Membership.

*Competition Cards will be issued to Individual Members ONLY (one name on the membership) and Excess Liability Insurance is included with each Competition Card. Club Dues collected by AHA will be for Individuals Only.

**The Business membership will have competition privileges for no other purpose than Recorded Ownership.

Please enroll me in the following program:



Table with 5 columns: Program Name, Dues, and three Year columns. Rows include Amateur Achievement Award Enrollment, Amateur Achievement Award Renewal, and Amateur Achievement Award Retro Points (per year).

Participants must hold an amateur certification with USEF or EC and hold an Adult /Youth with a Competition Card or Life AHA membership. Retro points are not available prior to 2002.

Please enroll me in the following program:

[] AHA Dressage Rider Program Level: _____ \$35 per level \$ _____

Participants must hold an Adult /Youth with a Competition Card or Life AHA membership.

TOTAL DUE \$ _____

In making this application, applicant declares that applicant will be/is a current AHA member, and is subject to and agrees to be bound by all provisions of the Articles of Incorporation, Bylaws, Rules and Regulations of the Arabian Horse Association as they now exist or may periodically be amended, knowledge of which applicant now has or will immediately acquire.

Signature _____ Date _____

**If not an individual applicant, print business title _____

Method of Payment (U.S. Funds Only): Total Amount Due _____
[] Check Enclosed/Payable to AHASM - Check # _____ [] MasterCard [] Visa Expiration Date _____
Credit Card Number _____ Print Name (as it appears on credit card) _____
Cardholder's Signature _____ Credit Card Holder's Billing Address (Street, City, State, Zip/Postal Code) (Mandatory) _____