

NO STAPLES PLEASE



ARABIAN HORSE ASSOCIATIONSM

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



AHA 1006a (Rev. 01/14)

AHASM MEMBER ENROLLMENT APPLICATION

Current AHA Membership with a Competition Card is required for participation in all AHA Events; 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

AHA Membership Type (select one)

[] Adult One Year - \$40 [] Adult Three Year - \$105 [] Youth - \$20 [] Life - \$1,000 [] **Business - \$60 \$ _____

*AHA Membership Enhancements / Add-Ons (available to new and existing AHA Members) Youth - No dues 3 Yrs Club Dues \$ 30.00

Club Affiliation: [x] Club name ALABAMA ARABIAN HORSE ASSOCIATION 1 Yr Club dues \$ 10.00 \$ _____

A list of AHA clubs with their club dues is located on the AHA website at http://secure.arabianhorses.org/perl/AHA/clubmap.cgi

Competition Card (Club Affiliate): [] Adult One Year - \$35 [] Adult Three Year - \$105 [] Youth - \$25 \$ _____

Competition Card (No Club Affiliation): [] Adult One Year - \$65 [] Adult Three Year - \$195 [] Youth - \$25 \$ _____

*Modern Arabian Horse Magazine Subscription (Not included in base membership)

[] Discounted One Year Membership rate - \$10 (\$40 foreign) [] Discounted Three Year Membership rate - \$30 (\$120 foreign) \$ _____

Arabian Horse Foundation Donatation (tax deductible) \$ _____

Canadian residents include GST/HST Tax (5% in AB, MB, NT, NU, PE, SK & YT; 12% in BC; 13% in NB, NL & ON; 15% in NS) for Membership, Competition Card & Magazine

MEMBERSHIP TOTAL \$ _____

*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. Life Memberships include Competition Cards & Magazine.

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

AHA Member Award Programs info.comp@ArabianHorses.org

Amateur Achievement Awards: All participants in this program must be Amateurs and hold an AHA Membership with competition privileges (Competition Card). Must be enrolled prior to competing in order to be eligible for Annual High Point Awards.

[] Initial Recording Fee \$45 \$ _____

[] Annual Renewal Fee \$35 \$ _____

[] *Retroactive Points - Please write year(s) _____ \$75 per year \$ _____

*Participants enrolled/renewed between October 1 and December 31 must pay the retroactive fee. Retro points are not available prior to 2002.

AHA Dressage Rider: All participants in this program must hold an AHA Membership with competition privileges (Competition Card).

Level(s): [] Training [] First [] Second [] Third [] Fourth \$45 per level \$ _____

Frequent Rider Program: Online based program to log hours spent riding http://www.arabianhorses.org/activities/incentiveprograms/frp.asp

[] One Time Processing Fee - New participants only \$25 \$ _____

PROGRAM & MEMBERSHIP TOTAL \$ _____

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/Amex/Discover 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) _____