



Arabian Horse Association San Fernando Valley

MEMBERSHIP APPLICATION

Date of Application:

I hereby apply for membership in the Arabian Horse Association San Fernando Valley and if elected, promise to conform to the by-laws and rules.

Name _____ Adult Voting \$75 Adult Voting \$40

AHA # _____ Youth Birthdate (required by AHA) _____ Youth \$45 Youth \$20 Social -0-

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AHA # _____ Youth Birthdate (required by AHA) _____ Youth \$45 Youth \$20 Social -0-

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AHA # _____ Youth Birthdate (required by AHA) _____ Youth \$45 Youth \$20 Social -0-

Name _____ Adult Voting \$75 Adult Voting \$40

AHA # _____ Youth Birthdate (required by AHA) _____ Youth \$45 Youth \$20 Social -0-

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

ARABIAN HORSE ASSOCIATION, INC.

The undersigned, as a member of a Member Organization of the Arabian Horse Association (A.H.A.), does hereby agree to be bound by and comply with the Articles of Incorporation, By-Laws, Agreements of Membership, Rules, Regulations, and Resolutions of A.H.A. and of the club, association, or corporation set forth after his or her name.

Signature _____ Date: _____

Signature _____ Date: _____

(If applicants are a married couple, both signatures are required.)

MEMBERSHIP DUES

AHASFV Adult Voting \$75.00 — Club dues FREE. AHA Affiliate membership (\$40) & AHA Competition Card & Ins. (\$35)

AHASFV Adult Voting \$40.00 — Club dues FREE. AHA Affiliate membership (\$40)

AHASFV Social membership — Club dues FREE. This is a non-voting membership for Adults 18 & over.

AHASFV Youth \$45.00 — Club dues FREE. AHA Affiliate membership (\$20) & AHA Competition Card & Ins. (\$25)

AHASFV Youth \$20.00 — Club dues FREE. AHA Affiliate membership (\$20)

Application shall be made to the Membership Committee Chairperson, accompanied by a check for the appropriate Dues and must be approved by the Board of Directors before accepted. There will be a bank fee for any returned checks.

Make checks payable to the Arabian Horse Association San Fernando Valley (**AHASFV**).

Send application & full payment to:

**AHASFV, c/o Jeff Reichman, Treasurer
1329 E. Thousand Oaks Blvd., Suite 215
Thousand Oaks, CA 91362**

TOTAL PAID \$_____