



Ocala Arabian Horse Association

An AHA Affiliate Club

MEMBERSHIP APPLICATION

Application Date: _____

NAME: _____

Birth date: _____
(Juniors Only)

Farm Name: _____

Home Phone : (____) _____

Address: _____

Work Phone: (____) _____

City, State, Zip Code: _____

E-Mail or Web _____

AHA # _____ AHA Membership Since: (yr.) _____ SS #: _____
(Renewals Only)

As a member of AHA, you agree to be bound by all the provisions of the Articles of Incorporation, Bylaws, Rules & Regulations of the Arabian Horse Association as they may exist or may from time to time be amended, knowledge of which you now have or will immediately acquire. Note: Dues are not deductible.

SIGNATURE: _____
(Parent or guardian must sign for a Junior Member)

Note: Your AHA membership NOW INCLUDES a \$1,000,000. Excess Personal Equine Liability Insurance Benefit - resolution 11-95.

Check Category: (Dues are not deductible)

One Year Adult Membership AHA/OAHA (with Competition Card)*	\$75.00	___
Three Year Adult AHA/ OAHA (with Competition Card)*	\$210.00	___
One Year Youth AHA/OAHA (under 18 @ 12/1) (with Competition Card)*	\$55.00	___
One Year OAHA Associate Membership (no AHA Affiliation)	\$20.00	___
Subscription to "Horse & Pony" @ 50% discount @cost	\$10.00	___

*Note: If Competition Card is not needed, deduct \$35. (Per year) for Adults & \$20. for Juniors

TOTAL SENT WITH APPLICATION \$ _____

Please make checks **Payable to OAHA**
Mail to: **OAHA P.O. Box 773432, Ocala FL. 34477-3432**

DUES ARE DUE ON YOUR RENEWAL DATE PLEASE MAIL EARLY TO AVOID AHA LATE FEES!**