

ACAHA Membership Application
~Connecting you with the Arabian Horse Community~



Name: _____

Address: _____

City: _____

Prov/State: _____

Postal Code: _____

Telephone: _____

E-mail: _____

Date of Birth (youth only): _____

Are you a current ACAHA member? Yes ___ No ___ If yes, what is your membership # _____

Membership Types (check desired type)	Benefits	Membership Fee	Late Fees**
___ Full Competing Adult	AHA membership, Arabian Horse magazine, ACAHA monthly e-mail update, access to club events, access to website, voting rights, AHA competition card, eligible for hi-point year-end awards	\$90	\$15
___ Full Non-Competing Adult	AHA membership, Arabian Horse magazine, ACAHA monthly e-mail update, access to club events, access to website, voting rights	\$60	\$15
___ Associate Adult	ACAHA monthly e-mail update, access to club events, access to website, no voting rights	\$30	N/A
___ Full Competing Youth	Anyone under 18 years of age; AHA membership, Arabian Horse magazine, ACAHA monthly e-mail update, access to club events, access to website, AHA competition card, eligible for hi-point year-end awards	\$60	\$15
___ Full Non-Competing Youth	Anyone under 18 years of age; ACAHA monthly e-mail update, access to club events, access to website	\$30	\$15
___ Associate Youth	Anyone under 18 years of age; ACAHA monthly e-mail update, access to club events	\$10	N/A

**Please note that as of January 1st, 2006, memberships will run for one full calendar year.

___ Please check here if you give ACAHA permission to exchange your name with other Arabian Horse Organizations

Signature of applicant
(Parent or Guardian Signature for youth under 18)

Total Enclosed \$ _____

Please return this form along with a cheque to: ACAHA Membership Chair
PO Box 4566
Sussex, NB
E4E 5L7