

# GENERAL Signature Authorization Form



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ArabianHorses.org  
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**Instructions:** This authorization form is to be used by recorded owners who are individuals, farms, clubs, partnerships, syndicates, limited liability companies, churches and schools. Please visit [www.arabianhorses.org](http://www.arabianhorses.org) or contact Registry Services for the appropriate authorization form for corporations, trusts and minors.

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## RECORDED OWNER INFORMATION

Owner Name \_\_\_\_\_ Owner/Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

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## AUTHORIZATION INFORMATION

The following person(s) is authorized to act on behalf of the recorded owner listed above. This person(s) is authorized to sign all AHA Registry documents pertaining to this ownership or pertaining to the Arabian horses recorded in this ownership, and to deliver such documents to AHA:

\_\_\_\_\_  
**Name** of Authorized Person (type or print) Title (if applicable)

\_\_\_\_\_  
**Signature** of Authorized Person Date

\_\_\_\_\_  
**Name** of Authorized Person (type or print) Title (if applicable)

\_\_\_\_\_  
**Signature** of Authorized Person Date

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## AFFIRMATION

I (we) affirm I (we) am the (circle one or insert): recorded owner or the general partner, managing partner, syndicate manager or \_\_\_\_\_ thereof, and possess full legal power and authority to make this authorization.

I (we) acknowledge and agree the signature of *any one* authorized person will be sufficient to transact business with AHA on behalf of this recorded owner.

I (we) agree that this authorization will become effective upon receipt by AHA and will remain in effect until a written notice of change or revocation is received by AHA.

\_\_\_\_\_  
Recorded Owner Name (type or print)

\_\_\_\_\_  
**Recorded Owner Signature**

\_\_\_\_\_  
Date