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YOUTH AHA MONTHLY REPORT OF MEMBERSHIP

Please list individual members only, in alphabetical order. Please print clearly and fill out report completely.

Club Memberships For (Club Name) _____ Club Account # _____ Date _____

Check all that apply				Check if				
Renewal	Competition Card	AHA Membership #	Member Name	New Address	Address	City	State	Zip
Birthdate		Home Phone			Mobile Phone	E-mail		
Birthdate		Home Phone			Mobile Phone	E-mail		
Birthdate		Home Phone			Mobile Phone	E-mail		
Birthdate		Home Phone			Mobile Phone	E-mail		
Birthdate		Home Phone			Mobile Phone	E-mail		
Birthdate		Home Phone			Mobile Phone	E-mail		
Birthdate		Home Phone			Mobile Phone	E-mail		
Birthdate		Home Phone			Mobile Phone	E-mail		
Birthdate		Home Phone			Mobile Phone	E-mail		

Membership Chairperson's Name _____ Address _____ City _____
 State/Prov. _____ Zip/Postal _____ Day Phone # _____ Date Sent _____