

Anyone under the age of 18 may NOT sign this form.

SINGLE EVENT MEMBERSHIP APPLICATION

(Not accepted at Regional or National shows.)

1. If you wish to participate in this AHA recognized show/ride as an owner, rider/driver/handler, coach or trainer, and you are not a member of AHA, or do not have your membership, with competition privileges, card available for presentation to the show/ride secretary, **please complete the information requested below.**

3. Please print clearly.	
Please check whichever is applicable: OWNER RIDER	
Name	
Address	E-Mail
City	State/Prov Zip/Postal
Home #W	/ork #
Fax #	Date of Birth/ / Month Day Year

I am not a member of the AHA or I am a member of the AHA without competition privileges or I am a member of the AHA without proof of competition privileges at this event and I agree to pay the \$40 Single Event Membership fee.

In signing this application, I hereby subject myself to and agree to be bound by all the provisions of the Articles of Incorporation, Bylaws, Rules, and Regulations of the Arabian Horse Association as they now exist or may periodically be amended, knowledge of which I now have or will immediately acquire.

Excess Personal Equine Liability Insurance does not apply to anyone paying the Single Event Membership fee and participating in the below referenced show/ride.

Print Signature Name

2.

Signature	of Applicant
-----------	--------------

(Signature of parent or guardian if under 18. Form not valid if signed by someone under 18.)

SHOW/RIDE INFORMATION (Show/Ride Secretary Use Only)

Show/Ride Name		Show/Ride #
Show/Ride Secretary Name		Show/Ride Date(s)
Show/Ride Secretary Should Submit White Copy to AHA - Att		