



**ARABIAN HORSE ASSOCIATION<sup>SM</sup>**

10805 East Bethany Drive | Phone 303-696-4500  
 Aurora, Colorado 80014 | Fax 303-696-4599  
 www.ArabianHorses.org | info@ArabianHorses.org



AHA 1007 (Rev. 04/08)



**BREEDERS SWEEPSTAKES ENROLLMENT FORM NON-ARABIAN NOMINATED SIRE**

Current AHA Membership is required for participation in all AHA Programs. Breeding Entries are due by December 31 of the breeding year. In order for your Sire's foals to be eligible, his Non-Arabian Nominated Sire entry must also be postmarked by December 31 of the breeding year. Non-Arabian Nominated Sire entry fee is \$4,000, late entries are accepted for both Non-Arabian Nominated Sires and Breeding Entries between January 1 and February 15 with an additional \$100 late fee. All fees are subject to change, please call AHA for current fees. Refer to the current AHA Handbook for specific rules, regulations and deadlines. Please print clearly in Blue or Black ink.

**HORSE ENTRY INFORMATION**

Horse Registry \_\_\_\_\_ Registration # \_\_\_\_\_ Horse Name \_\_\_\_\_

Date of Foaling \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_\_\_  
Month Day Year

Sire Registry \_\_\_\_\_ Registration # \_\_\_\_\_ Sire Name \_\_\_\_\_

Dam Registry \_\_\_\_\_ Registration # \_\_\_\_\_ Dam Name \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE CERTIFICATE OF REGISTRATION FOR YOUR SIRE**

Are you a new member to AHA?  YES  NO If No, AHA Membership # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

Social Security or Taxpayer I.D. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Please enroll me as an AHA member** (select one) Canadian Membership fees include 5% GST.

	Membership Dues	Club Dues (for individuals only)	*Competition Card with Club Affiliation	*Competition Card without Club Affiliation	
<input type="checkbox"/> Adult Membership-One Year	\$25	Varies by Club	\$35	\$65	\$ _____
<input type="checkbox"/> Adult Membership-Three Year	\$70	Varies by Club	\$105	\$195	\$ _____
<input type="checkbox"/> Youth Membership	\$20	Varies by Club	\$25	\$25	\$ _____
<input type="checkbox"/> **Business Membership	\$55	N/A	N/A	N/A	\$ _____
<input type="checkbox"/> Life Membership	\$1000	Varies by Club	Included	Included	\$ _____

\*Competition Cards will be issued to Individual Members ONLY (one name on the membership) and Excess Liability Insurance is included with each Competition Card. Club Dues collected by AHA will be for Individuals Only.

\*\*The Business membership will have competition privileges for no other purpose than Recorded Ownership.

In making this application, I declare that I will be/am a current AHA member, and I hereby subject myself to, and agree to be bound by, all 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*If not an individual applicant, print business title \_\_\_\_\_

<b>Method of Payment</b> (U.S. Funds Only):		Total Amount Due _____	
<input type="checkbox"/> Check Enclosed/Payable to AHA <sup>SM</sup> - Check # _____	<input type="checkbox"/> MasterCard/Visa/Amex/Discover	Expiration Date _____	
Credit Card Number _____	Print Name (as it appears on credit card) _____		
Cardholder's Signature _____	Credit Card Holder's Billing Address (Street, City, State, Zip/Postal Code) <b>(Mandatory)</b> _____		