



6030 Greenwood Plaza Blvd
Suite 100
Greenwood Village, CO 80111

ArabianHorses.org
info.comp@arabianhorses.org
303.696.4500

AHASM MEMBER ENROLLMENT APPLICATION

AHA 100006 (Rev 1/24)

Current AHA Membership with a Competition Card is required for participation in all AHA Events; horses enrolled in AHA programs MUST be registered, or eligible for registration with the Arabian Horse Association or the Canadian Registries. Refer to the current Handbook for membership requirements and for specific rules, regulations and deadlines, or call the AHA office. Please print clearly in Blue or Black ink.

Are you a new member to AHA? ☐ YES ☐ NO **If No, AHA Membership #** _____

Applicant Name _____ **Date of Birth** _____ (Required for Youth)
Month Day Year

Address _____ **E-Mail** _____

City _____ **State/Prov.** _____ **Zip/Postal** _____

Mobile # _____ **Home #** _____ **Business #** _____

AHA Membership Type (select one) **Increase in dues starting 4/1/24 Adult 1 yr = \$55 - Adult 3 Yr = \$145 - Multi Owner = \$55.**

- ☐ Adult One Year - \$50 ☐ Adult Three Year - \$135 ☐ Youth - \$20 ☐ Life - \$1,500 ☐ **Business - \$100
- ☐ Multi Owner Membership - \$50 (Cannot be enhanced with a Club or Competition Card) \$ _____

***AHA Membership Enhancements / Add-Ons** (available to new and existing AHA Members)

Club Affiliation: ☐ Club name _____ Club dues \$ _____ \$ _____

A list of AHA clubs with their club dues is located on the AHA website at <https://www.arabianhorses.org/clubs>

Competition Card (Club Affiliate): ☐ Adult One Year - \$40 ☐ Adult Three Year - \$120 ☐ Youth - \$30 \$ _____

Competition Card (No Club Affiliation): ☐ Adult One Year - \$80 ☐ Adult Three Year - \$240 ☐ Youth - \$30 \$ _____

☐ I do not wish to receive a mailed Membership Card

Arabian Horse Foundation Donation (tax deductible) \$ _____

Canadian residents must include GST/HST Tax for Membership & Competition Card.
(5% in AB, BC, MB, NT, NU, QC, SK & YT; 13% in ON; 15% in NS, NB, NL, PE)

MEMBERSHIP TOTAL \$ _____

*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. Life Memberships include a Competition Card.

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

AHA Member Award Programs info.comp@ArabianHorses.org

Amateur Achievement Awards: All participants in this program must be Amateurs and hold an AHA Membership with competition privileges (Competition Card). **Must be enrolled prior to competing in order to be eligible for Annual High Point Awards.**

- ☐ Initial Recording Fee \$60 \$ _____
- ☐ Annual Renewal Fee \$60 \$ _____
- ☐ *Retroactive Points - Please write year(s) _____ \$100 per year \$ _____
- *Retro points are not available prior to 2002.**

AHA Dressage/Western Dressage Rider: All participants in this program must hold an AHA Membership with competition privileges (Competition Card).

Level(s): ☐ Basic ☐ Training ☐ First ☐ Second ☐ Third ☐ Fourth \$55 per level \$ _____

Arabian Recreational Riding Program (ARRP): Online based program to log hours spent riding-<https://www.arabianhorses.org/frp>

☐ One Time Processing Fee – New participants only \$25 \$ _____

PROGRAM & MEMBERSHIP SUBTOTAL \$ _____

3% Convenience Fee (Card payments only) \$ _____

TOTAL DUE \$ _____

In making this application, applicant declares that applicant will be/is a current AHA member, and is subject to and agrees 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 applicant now has or will immediately acquire.

Signature _____ **Date** _____

****If not an individual applicant, print business title** _____

Method Of Payment (US Funds Only) A required 3% Convenience Fee (calculated by AHA) will be added for electronic payments. A Convenience Fee charge does not apply if the customer submits payment by cash, check or money order. <input type="checkbox"/> Check (Payable to AHA) Check # _____ <input type="checkbox"/> Credit Card Total Amount Due \$ _____		
Credit Card# _____		\$ _____
Print Name as it appears on CC _____		
Exp Date _____	CVV _____	Signature _____
Credit Card Billing Address (include zip) _____		