



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

10805 East Bethany Drive | Phone 303-696-4500  
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AHA 1205 (Rev. 01/14)

**MONTHLY SUMMARY SHEET FOR DUES**

Date \_\_\_\_\_ Club Name \_\_\_\_\_ Club # \_\_\_\_\_  
(Required)

Treasurer/Membership Chairperson Name \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_ Email \_\_\_\_\_

**MEMBERSHIP FEES**      \_\_\_\_\_ 1-Year Adult @ \$50.00 Each \$ \_\_\_\_\_  
   \_\_\_\_\_ 3-Year Adult @ \$135.00 Each \$ \_\_\_\_\_  
   \_\_\_\_\_ 1-Year Youth @ \$20.00 Each \$ \_\_\_\_\_

**COMPETITION CARDS**      \_\_\_\_\_ 1-Year Adult @ \$35.00 Each \$ \_\_\_\_\_  
   \_\_\_\_\_ 3-Year Adult @ \$105.00 Each \$ \_\_\_\_\_  
   \_\_\_\_\_ 1-Year Youth @ \$25.00 Each \$ \_\_\_\_\_

Foreign Residents Additional Fee (Outside of U.S. & Canada Additional Postage/Handling Fee)

   \_\_\_\_\_ Adult @ \$30.00 Each \$ \_\_\_\_\_  
   \_\_\_\_\_ Youth @ \$30.00 Each \$ \_\_\_\_\_

(Add 5% GST for Canadian membership)      TOTAL \$ \_\_\_\_\_

Total Memberships \_\_\_\_\_ Total Competition Cards \_\_\_\_\_ Check # \_\_\_\_\_  
(Required)

**NOTE: Attach Monthly Report of Membership form.**

<b>Method of Payment (U.S. Funds Only):</b>		Total Amount Due _____	
<input type="checkbox"/> Check Enclosed/Payable to AHA <sup>SM</sup> – Check # _____	<input type="checkbox"/> MasterCard/Visa/Amex/Discover	Expiration Date _____	CSV Code _____
_____	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) (Mandatory) _____			