



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

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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		
			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 \_\_\_\_\_