



ARABIAN HORSE ASSOCIATION

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# YOUTH AHA MONTHLY REPORT OF MEMBERSHIP

Please list individual voting 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	Modern Arabian Horse magazine	Competition Card	AHA Membership #	Member Name	New Address	Address	City	State	Zip	
SS#			Birthdate	Home Phone	E-Mail					
SS#			Birthdate	Home Phone	E-Mail					
SS#			Birthdate	Home Phone	E-Mail					
SS#			Birthdate	Home Phone	E-Mail					
SS#			Birthdate	Home Phone	E-Mail					
SS#			Birthdate	Home Phone	E-Mail					
SS#			Birthdate	Home Phone	E-Mail					

Membership Chairperson's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Day Phone # \_\_\_\_\_ Date Sent \_\_\_\_\_