



ARABIAN HORSE ASSOCIATIONSM

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AHA 1223B (Rev. 2/10)

SINGLE EVENT MEMBERSHIP APPLICATION
(Not accepted at Regional or National shows.)

- 1. If you wish to participate in this AHA recognized show/ride as an owner, rider/driver/handler, coach or trainer, and you are not a member of AHA, or do not have your membership, with competition privileges, card available for presentation to the show/ride secretary, please complete the information requested below.
2. Anyone under the age of 18 may NOT sign this form.
3. Please print clearly.

Please check whichever is applicable: [] OWNER [] RIDER/DRIVER/HANDLER [] TRAINER [] COACH

Exh. # _____ Horse Name _____

Name _____

Address _____ E-Mail _____

City _____ State/Prov. _____ Zip/Postal _____

Home # _____ Work # _____

Fax # _____ Date of Birth ____/____/____
Month Day Year

[] I am not a member of the AHA or I am a member of the AHA without competition privileges or I am a member of the AHA without proof of competition privileges at this event and I agree to pay the \$35 Single Event Membership fee.

In signing this application, I hereby subject myself to and agree to be bound by all the 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.

Excess Personal Equine Liability Insurance does not apply to anyone paying the Single Event Membership fee and participating in the below referenced show/ride.

Print Signature Name _____

Signature of Applicant _____ Date _____
(Signature of parent or guardian if under 18. Form not valid if signed by someone under 18.)

SHOW/RIDE INFORMATION (Show/Ride Secretary Use Only)

Show/Ride Name _____ Show/Ride # _____

Show/Ride Secretary Name _____ Show/Ride Date(s) _____

Show/Ride Secretary Should Submit White Copy to AHA - Attach Yellow Copy to Entry Blank