

SINGLE EVENT MEMBERSHIP APPLICATION

(Not accepted at Regional or National shows.)

- 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 a	pplicable: OWNER	RIDER/DRIVER/HANDLER	TRAINER	R 🔲 C	DACH	
Exh. #	Horse Na	ame				
Name						
Address		E-Mail				
City		State/Prov Z		Zip/Postal_	ip/Postal	
Home #		Work #				
Fax #		Date of Birth		/	/ Year	
In signing this application, I hereby Arabian Horse Association as the Excess Personal Equine Liability	y subject myself to and agree to be y now exist or may periodically be Insurance does not apply to anyon	to pay the \$40 Single Event Mem bound by all the provisions of the Article amended, knowledge of which I now have paying the Single Event Membership for	es of Incorporation ee or will immediate ee and participatir	tely acquire. ng in the below	referenced show/ride.	
Signature of Applicant	Date (Signature of parent or guardian if under 18. Form not valid if signed by someone under 18.)					
	SHOW/RIDE INFO	DRMATION (Show/Ride Secretary U	se Only)			
Show/Ride Name	Show/Ride #					
Show/Ride Secretary Name _	Show/Ride Date(s)					
	Show/Ride Secretary Should St	ubmit White Copy to AHA - Attach Yellow	Copy to Entry Bl	ank		