RETURNED INSTRUMENT FORM

"See Chapter 4 of the current AHA Handbook"

Instructions:
- Complete all applicable portions of both sides of this form and submit to the AHA office (Attn: Leslie Lockard) within sixty (60) days (postmarked) of receiving the Returned Instrument.
- Block 1 is mandatory information on who submitted the Returned Instrument to you.
- Block 2 is to be completed for commercial exhibitors, advertisers, or other contractors.
- Block 3 is to be completed for horse show entries only.
- Block 4 is mandatory information on who is submitting this form.
  (must be submitted by the President, Treasurer, or Secretary of an AHA Member Organization or the Show Manager or Show Secretary of an AHA Recognized Competition)

Attach:
- Copy of both sides of the Returned Instrument (bounced check or declined credit card)
- Copy of both sides of the Show Entry form (if applicable)
- Copy of the signed written Agreement for services or products
- Copy of your policy/rule (Bylaws) stating the amount due on Returned Instruments
- Copy of any letters sent to the person who wrote the check and/or submitted credit card
- Any other pertinent information (bank notification of returned instrument).

Please print clearly.

1

RETURNED INSTRUMENT INFORMATION (Mandatory)

AHA Membership # _____________________ Non Member ______ Name __________________________________________

Address _________________________________________________ E-Mail _____________________

City __________________________ State/Prov. __________ Zip/Postal __________

Home # _____________________ Work # _____________________ Fax # __________

Total amount due (to Member Organization or Recognized Competition) $ ____________ (including NSF charges)

2

COMMERCIAL EXHIBITOR / ADVERTISER, etc. INFORMATION (if applicable)

AHA Membership # _____________________ Non Member ______ Name __________________________________________

Business Name _________________________________________________________________________________________________________

Address _________________________________________________ E-Mail _____________________

City __________________________ State/Prov. __________ Zip/Postal __________

Home # _____________________ Work # _____________________ Fax # __________

(over)
### HORSE SHOW ENTRY INFORMATION (if applicable)

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<tr>
<th>Registry Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHR</td>
<td>Arabian Horse Registry</td>
</tr>
<tr>
<td>IAHA</td>
<td>Half-Arabian Horse Registry</td>
</tr>
<tr>
<td>CAHR</td>
<td>Canadian Arabian Horse Registry</td>
</tr>
<tr>
<td>AAHR</td>
<td>Anglo-Arabian Horse Registry</td>
</tr>
<tr>
<td>CPAR</td>
<td>Canadian Partbred Arabian Registry</td>
</tr>
<tr>
<td>Other</td>
<td>Other registry</td>
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</tbody>
</table>

Horse Registry

<table>
<thead>
<tr>
<th>Registration #</th>
<th>Horse Name</th>
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For additional horses, complete the above information and attach to this form.

AHA Membership # __________________________ Non Member _____________ Name

Address

E-Mail

City __________________________ State/Prov. __________ Zip/Postal ___________

Home # __________________________ Work # __________________________ Fax # ___________

### SUBMITTED BY INFORMATION (Mandatory)

**Note:** AHA will inform the individual/entity that they must make payment to the person and address listed in this section. The individual/entity will also be responsible for submitting an additional $100 processing fee to the AHA office under separate cover.

- [ ] AHA Membership Organization
- [ ] AHA Recognized Competition

**Name of Club or Show**

- [ ] President
- [ ] Treasurer
- [ ] Secretary
- [ ] Show Manager
- [ ] Show Secretary

**Name of Individual**

AHA Membership # __________________________ Non Member _____________

Address

E-Mail

City __________________________ State/Prov. __________ Zip/Postal ___________

Home # __________________________ Work # __________________________ Fax # ___________

In making this submission, 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.

Print Name (if different than above) __________________________________________

Signature __________________________________________ Date ___________