

GENERAL Signature Authorization Form



ARABIAN HORSE ASSOCIATIONSM

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Instructions: This authorization form is to be used by recorded owners who are individuals, farms, clubs, partnerships, syndicates, limited liability companies, churches and schools. Please visit www.arabianhorses.org or contact Registry Services for the appropriate authorization form for corporations, trusts and minors.

RECORDED OWNER INFORMATION

Owner Name _____ Owner/Member # _____

Address _____

City _____ State/Prov _____ Zip Code _____

Phone # _____ Fax # _____ E-Mail _____

AUTHORIZATION INFORMATION

The following person(s) is authorized to act on behalf of the recorded owner listed above. This person(s) is authorized to sign all AHA Registry documents pertaining to this ownership or pertaining to the Arabian horses recorded in this ownership, and to deliver such documents to AHA:

Name of Authorized Person (type or print) _____ Title (if applicable) _____

Signature of Authorized Person _____ Date _____

Name of Authorized Person (type or print) _____ Title (if applicable) _____

Signature of Authorized Person _____ Date _____

AFFIRMATION

I (we) affirm I (we) am the (circle one or insert): recorded owner or the general partner, managing partner, syndicate manager or _____ thereof, and possess full legal power and authority to make this authorization.

I (we) acknowledge and agree the signature of *any one* authorized person will be sufficient to transact business with AHA on behalf of this recorded owner.

I (we) agree that this authorization will become effective upon receipt by AHA and will remain in effect until a written notice of change or revocation is received by AHA.

Recorded Owner Name (type or print)

Recorded Owner Signature

Date