



Make checks payable to ARHA and return this application and payment to:
ARHA
Pam Rose
1289 4th St.
Almena, WI 54805
Phone: 715-357-6539
E-mail: phrose@chibardun.com
www.arha.net

Arabian Reining Horse Association Membership Application

Please Circle One: Renewal New Member

Name: _____

Address: _____

* Social Security Number: _____

Phone: _____

Fax: _____

E-Mail: _____

AHA Number: _____

NRHA Number: _____

_____ \$80.00 AHA Adult Competition Member Affiliate Full-Voting (AHA \$60, ARHA \$20)

_____ \$45.00 Individual Associate Non-Voting (AHA \$25, ARHA \$20)

_____ \$65.00 Youth Competition Member (AHA \$45, ARHA \$20)

**You can be a Full-Voting member of more than one club.

* Prize monies cannot be awarded without a Social Security number.

**You can now renew or join as a new member online at <http://www.arabianhorses.org/>.
Renewal notices to present members will be sent directly from AHA. Make sure to choose ARHA as your affiliate club when renewing with AHA-Club Listings on AHA's website.