



Make checks payable to ARHA and return this application and payment to:  
ARHA  
Pam Rose  
1289 4<sup>th</sup> St.  
Almena, WI 54805  
Phone: 715-357-6539  
E-mail: [mphrose@chibardun.net](mailto:mphrose@chibardun.net)  
[www.arha.net](http://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

\_\_\_\_\_ \$45.00 Individual Associate Non-Voting

\_\_\_\_\_ \$65.00 Youth Competition Member

\*\*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.