



Membership Application

For faster and more efficient Affiliate Membership processing, you can join Online at www.arabianhorses.org Please be sure to mark CAHC (Club #8033) as your Affiliate Club.

First Name: _____ Last Name: _____ AHA #: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

(Very important to receive club information, news and updates)

CAHC/AHA AFFILIATE MEMBERSHIP – Affiliate Individual Membership (AHA Member with AHA, Region 8 and CAHC Benefits to include Voting Privilege in each)

Base Affiliate Membership without Competition Card	Adult 1 Year @ \$75.00 \$ _____
	Adult 3 Year @ \$205.00 \$ _____
	Youth 1 Year @ \$25.00 \$ _____

YOUTH BIRTHDATE: _____

Base AHA/CAHC Affiliate Membership with Competition Card & Insurance	Adult 1 Year @ \$110.00 \$ _____
	Adult 3 Year @ \$310.00 \$ _____
	Youth 1 Year @ \$50.00 \$ _____

CAHC ASSOCIATE MEMBERSHIP – Associate Individual Membership (Not an AHA member, or does not have AHA affiliation through CAHC: all benefits of membership except those specific to AHA and Region 8; no voting privilege in any organization). **Associate memberships expire 12/31 of each year.**

Adult 1 Year @ \$25.00 \$ _____
Adult 3 Year @ \$70.00 \$ _____
Youth 1 Year @ \$5.00 \$ _____

TOTAL: \$ _____

DIVISION INTEREST (Check all that apply): MAIN CLUB NORTHERN SOUTHERN YOUTH

Areas of Interest:

Club Officer _____	Horse Shows _____	Other (List any area you would like involvement with: _____)
Director _____	Show Manager _____	_____
Activities _____	Show Secretary _____	_____
Awards _____	Barn Manager _____	_____
Committee _____	Gates Manager _____	_____
Youth _____	Hospitality _____	_____

MAKE CHECKS PAYABLE TO CAHC AND MAIL TO:
Patricia Thompson, 37233 Polo Run Drive, Elizabeth, CO 80107
(303) 646-6242