6030 Greenwood Plaza Blvd
Suite 100
Greenwood Village, CO 80111

ArabianHorses.org
info.comp@arabianhorses.org
303.696.4500

AHA℠ MEMBER ENROLLMENT APPLICATION

AHA 100006 (Rev 2/26)

Current AHA Membership with a Competition Card is required for participation in all AHA Events; horses enrolled in AHA programs MUST be registered, or eligible for registration with the Arabian Horse Association or the Canadian Registries. Refer to the current Handbook for membership requirements and for specific rules, regulations, and deadlines, or call the AHA office. Please print clearly in Blue or Black ink.

Are you a new member to AHA? ❑ YES ❑ NO **If No, AHA Membership #** _____

Applicant Name _____ Date of Birth _____ (Required for Youth)
Month Day Year

Address _____ E-Mail _____

City _____ State/Prov. _____ Zip/Postal _____

Mobile # _____ Home # _____ Business # _____

AHA Membership Type (select one)

❑ Adult One Year - $55 ❑ Adult Three Year - $145 ❑ Youth - $20 ❑ Life - $1,500 ❑ **Business - $100

❑ Multi-Owner Membership - $55 (Cannot be enhanced with a Club or Competition Card) $ _____

*AHA Membership Enhancements / Add-Ons (available to new and existing AHA Members)

Club Affiliation: ❑ Club name _____ Club dues $ _____ $ _____

A list of AHA clubs with their club dues is located on the AHA website at https://www.arabianhorses.org/clubs

Competition Card (Club Affiliate): ❑ Adult One Year - $40 ❑ Adult Three Year - $120 ❑ Youth - $30 $ _____

Competition Card (No Club Affiliation): ❑ Adult One Year - $80 ❑ Adult Three Year - $240 ❑ Youth - $30 $ _____

❑ I do not wish to receive a mailed Membership Card

Arabian Horse Foundation Donation (tax deductible) $ _____

Canadian residents must include GST/HST Tax for Membership & Competition Card.
(5% in AB, BC, MB, NT, NU, QC, SK & YT; 13% in ON; 15% in NS, NB, NL, PE)

MEMBERSHIP TOTAL $ _____

*Competition Cards will be issued to Individual Members ONLY (one name on the membership) and Excess Liability Insurance is included with each Competition Card.
*Club Dues collected by AHA will be for Individuals ONLY. Life Memberships include a Competition Card.
**The Business membership will have competition privileges for no other purpose than Recorded Ownership.

AHA Member Award Programs info.comp@ArabianHorses.org

Amateur Achievement Awards: All participants in this program must be Amateurs and hold an AHA Membership with competition privileges (Competition Card). **Must be enrolled prior to competing in order to be eligible for Annual High Point Awards.**

❑ Initial Recording Fee $70 $ _____

❑ Annual Renewal Fee $70 $ _____

❑ *Retroactive Points - Please write year(s) _____ $125 per year $ _____

**** Retro points are not available prior to 2002.***

AHA Dressage/Western Dressage Rider: All participants in this program must hold an AHA Membership with competition privileges (Competition Card).

Level(s): ❑ Basic ❑ Training ❑ First ❑ Second ❑ Third ❑ Fourth $60 per level $ _____

Arabian Recreational Riding Program (ARRP): Online based program to log hours spent riding-https:// www.arabianhorses.org/frp

❑ One Time Processing Fee – *New participants only* $25 $ _____

A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee applies to credit card payments only and will be calculated at the time of processing.

TOTAL DUE $ _____

In making this application, applicant declares that applicant will be/is a current AHA member and is subject to and agrees to be bound by all 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 applicant now has or will immediately acquire.

Signature _____ Date _____

**If not an individual applicant, print business title _____

Method Of Payment (US Funds Only) **ALL applicable fields must be completed.** A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. Fee is not applicable if payment is by cash, check, money order, or ACH/E-Check. ☐ Check (Payable to AHA) Check # ☐ ACH/E-Check ☐ Credit Card Total Amount Due $		
ACH/E-Check Info: Account Type: ☐ Savings ☐ Checking **Bank Routing** #(9 digits):		**Bank Acct #:**
Print **NAME** as it appears on **CC or Bank Account**:	**Email Address:**	
Credit Card Number:	**Exp Date:**	**CVV:**
Billing Address of Card or ACH/E- Check		
Signature:	**Phone Number:**	