



**ARABIAN HORSE ASSOCIATION<sup>SM</sup>**

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**ADULT  
 AHA MONTHLY REPORT OF MEMBERSHIP**

**Please list individual voting members only, in alphabetical order. Please print clearly and fill out report completely.**

Club Memberships For (Club Name) \_\_\_\_\_ Club Account # \_\_\_\_\_ Date \_\_\_\_\_

Check all that apply					Check if				
Renewal	3-Year	Competition Card	AHA Membership #	Member Name	New Address	Address	City	State	Zip
E-Mail				Home Phone		Work Phone	Fax	Birthdate	
E-Mail				Home Phone		Work Phone	Fax	Birthdate	
E-Mail				Home Phone		Work Phone	Fax	Birthdate	
E-Mail				Home Phone		Work Phone	Fax	Birthdate	
E-Mail				Home Phone		Work Phone	Fax	Birthdate	
E-Mail				Home Phone		Work Phone	Fax	Birthdate	
E-Mail				Home Phone		Work Phone	Fax	Birthdate	
E-Mail				Home Phone		Work Phone	Fax	Birthdate	

Membership Chairperson's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Day Phone # \_\_\_\_\_ Date Sent \_\_\_\_\_