

Empire State Arabian Horse Association

Membership Application

New Member YES NO If No, AHA Member # _____

Name: _____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____ (for club communications, event announcements and news)

Phone Number (home) _____ (cell) _____

Date of Birth ____/____/____ (DOB required for Youth only)

Please enroll me as an ESAHA member in the selected category:

Adult Membership to AHA

(Annual \$40AHA, \$10 ESAHA)

1 year \$ 50.00

3 year \$ 135.00*

AHA discount of \$15 for a 3 year membership

Adult AHA Membership w/Annual \$35

Competition Card

1 year \$ 85.00

3 year \$ 240.00

or

A current Arabian Horse Association Membership with a Competition Card is required for participation in all AHA Member Programs, including participation in horse shows as an owner, trainer, handler, rider or coach and for competing in Distance Rides. This applies to Youth as well as Adults.

Youth Membership

1 year youth \$ 25.00

1 year w/ youth competition card \$ 50.00

ESAHA Club Level Membership

ONLY (does not include AHA membership)

1 year \$10



Amount enclosed: \$ _____

Signature _____ Date _____

Note: Memberships expire one year from the last day of the month joined. For example, if you join on 12/29/2014, your membership will expire 12/31/2015, or 03/16/2014 will expire 03/31/2015

Please make payment payable to: ESAHA

Send to Membership Chairperson:

Lu Ann Berlinski

265 County Route 46

Phoenix, NY 13136