



# Membership Application

New \_\_\_\_\_ Renewal \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ AHA #: (if renewal) \_\_\_\_\_

Signature of Applicant or Parent/Guardian (if applicant is under 18)

## Membership Categories:

Eligible for all Year end award programs

<b>One-Year (AHA) Competition Adult</b>	\$80.00	\$ _____
Includes AHA membership, voting privileges and AHA Competition Card (with AHA excess personal liability insurance)		
<b>One-Year (AHA) Competition Youth</b>	\$57.00	\$ _____
Includes AHA membership, AHA Competition Card (with AHA excess personal liability insurance)		
<b>One-Year (AHA) Adult</b>	\$45.00	\$ _____
Includes AHA membership, voting privileges		
<b>One-Year (AHA) Youth</b>	\$32.00	\$ _____
Includes AHA membership		

Associate memberships are eligible for schooling show Year end awards ONLY

**One-Year Associate** \$25.00 \$ \_\_\_\_\_  
With out AHA membership or voting privileges.

**One Year Family Associate** \$95.00 \$ \_\_\_\_\_  
With out AHA membership or voting privileges. Includes up to four youth from same family

Affiliate members over 65 years old get a \$10 discount!

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Check Total : \_\_\_\_\_

Make payable to AHCC and mail completed form to:

**Melissa Wooten  
10 Zvingilas Ct  
Griswold CT 06351  
860-287-2861**

We encourage you to join online via the AHA link from the AHCC membership page at:

**[www.arabianhorseclubofconnecticut.org](http://www.arabianhorseclubofconnecticut.org)**