VINTAGE ARABIAN HORSE ASSOCIATION

BECOME A MEMBER TODAY!

MEMBERSHIP APPLICATION

Membership Year: November 1 to October 31

2010 ☐ **New or** ☐ **Renewal**

TYPE OF MEMBERSHIP

1) Name_____ VAHA Family @ $25. $_____

2) Ranch_____ (includes 2 adults and all youth at some address)

3) Address_____ VAHA Adult @ $15. $_____

_____ VAHA Youth @ $10. $_____

4) Phone_____ **TOTAL ENCLOSED $_____**

5) AHA #_____

6) Youth Names (s)_____

Youth Date of Birth_____

7) E-mail Address_____

NEWLY STRUCTURED ARABIAN HORSE ASSOCIATION MEMBERSHIP along with a Club Affiliation can be completed online at www.arabianhorses.org or contact VAHA for more details.

8) ☐ No not publish the information provided above.

MAKE CHECK PAYABLE TO VAHA AND SEND TO: Staci Brase-Miller
P.O. Box 98, Dixon, CA 95620
(916) 412-8072

HELP US GET TO KNOW YOU

Number of Purebreds Owned_____
Number of Partbreds Owned _____
Horse related interests _____
_____
_____
Referred by:_____

WOULD YOU BE INTERESTED IN HELPING WITH:

_____Meetings / Refreshments
_____Clinics / Seminars
_____ Horse Shows
_____Trail Rides
_____Juniors
_____Advertising

I give Vintage Arabian Horse Association permission to use the above information for club use, unless I've checked # 8 above.

The undersigned hereby agree to be bound by and comply with the Articles of Incorporation and By-laws of the Vintage Arabian Horse Association.

_____ _____

Signature Date