



MEMBERSHIP APPLICATION
 Membership Year: November 1 to October 31

2012 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: Debra Meier
4015 Estate Dr., Vacaville, CA 95688
707-449-8512 or meierranch@gmail.com

<p>HELP US GET TO KNOW YOU</p> <p>Number of Purebreds Owned _____</p> <p>Number of Partbreds Owned _____</p> <p>Horse related interests _____</p> <p>_____</p> <p>Referred by: _____</p>	<p>WOULD YOU BE INTERESTED IN HELPING WITH:</p> <p>_____ Meetings / Refreshments</p> <p>_____ Clinics / Seminars</p> <p>_____ Horse Shows</p> <p>_____ Trail Rides</p> <p>_____ Juniors</p> <p>_____ Advertising</p>
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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