

# Arabian Horse Association of Florida

## Membership Application

AHAF is affiliated with the Arabian Horse Association. All AHAF members are eligible to participate in the AHAF Futurity Programs.

NAME \_\_\_\_\_

AHA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_

As a member of AHA you agree to be bound by all the provisions of the Articles of Incorporation, By-laws and Regulations of the Arabian Horse Association, as they may exist, or may from time to time be amended, knowledge of which you now have or will immediately acquire.

Signature \_\_\_\_\_

(Parent or Guardian must sign for a junior member)

Note: Your AHA membership now includes \$1,000,000. Excess Personal Equine Insurance benefit (per resolution 11-95). \*\*Competition cards are required to compete at AHA/USEF sanctioned events.

_____ One Year Adult AHA/AHAF	\$70.00
_____ Three Year Adult AHA/AHAF	\$195.00
_____ One year Adult AHA Competition card**	\$35.00
_____ Three Year Adult AHA Competition card**	\$105.00
_____ One Year Youth AHA/AHAF	\$40.00
_____ One Year Youth AHA Competition card**	\$25.00
_____ One Year AHAF ONLY	\$20.00

Total Enclosed: \$ \_\_\_\_\_

Please make check payable to AHAF and send with SIGNED Application to:

AHA FLORIDA

Attn. Laurie Ann Salmi

1409 Fairview Circle, Reunion, FL 34747