

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:

Laurie Ann Salmi 7414 Soiree Way , Reunion, FL 34747 (407) 467-3950