



2019 MEMBERSHIP APPLICATION

Please: Only one name per application. Feel free to make copies

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ MOBILE PHONE _____
 E-MAIL ADDRESS _____

Please Initial) I, the above individual, grant permission to ASAAD AHA to use my name in promotional materials.

If you wish, place an "X" in front of one or more committees that you would like to help and work on

_____ Horse Shows _____ Newsletter _____ Youth
 _____ Banquet _____ High Point _____ By-Laws
 _____ Website / Social Media _____ Marketing / Promotions

YOUTH MEMBERSHIP

Youth membership is for individuals under the age of 19 as of December 1, 2018.

Make one choice per application

_____ ASAAD Youth Dues \$10 Youth Birthdate _____
 _____ AYC + AHA Youth \$30 Parent/Guardian Name _____
 _____ AYC + AHA + CC* \$55 Parent/Guardian Phone # _____

Parent/Guardian Signature _____

*** AHA membership with a competition card is required to participate in all AHA Events.**

ASAAD + members receive a subscription of Arabian Horse Life Magazine delivered bimonthly.

ADULT MEMBERSHIP

Adult membership is for individuals over the age of 19 as of December 1, 2018.

ADULTS WHO WISH TO HOLD OFFICER POSITION MUST PURCHASE AN AHA MEMBERSHIP

ONE YEAR DUES OPTION		THREE YEAR DUES OPTION	
ASAAD Association Dues	\$20	ASAAD Association Dues	\$55
ASAAD + AHA	\$70	ASAAD + AHA	\$190
ASAAD + AHA + CC*	\$105	ASAAD + AHA + CC*	\$295

*** AHA membership with a competition card is required to participate in all AHA Events.**

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ALL MEMBERSHIPS EXPIRE THE FOLLOWING YEAR OR 3 YEARS ON THE LAST DAY OF THE MONTH YOU JOINED.

Please mail this form to :

ASAAD
 6212 US Hwy 6 Suite 197
 Portage, In 46368

I agree to abide by the rules, regulations
 and bylaws of the ASAAD AHA.

Make checks payable to:

ASAAD AHA

Signature _____
 Date _____