



2012 WAHA Membership Application

Renew or join online at www.ArabianHorses.org.

Print Legibly

NAME		DATE	
SPOUSE'S NAME (for Married Couple)	PHONE NO. () ()	FAX NO. () ()	
ADDRESS	CITY	STATE	ZIP
EMAIL	YOUTH MEMBER'S BIRTHDATE		

- Renewal – AHA number(s) _____
- New

Membership Options & Fees

Membership: (includes club affiliation; does not include competition privileges or Excess Personal Liability Insurance; see Competition Cards). Select One:

- Adult - **\$40** – Includes AHA membership for one year; 1 vote
- Adult 3 Year - **\$115** – Includes AHA membership for three years; 1 vote
- Youth (17 or under as of 12/01/11) – **\$25** – Includes AHYA membership for one year; 1 vote
- Parent/Child Discount - **\$55** – Includes adult and youth AHA membership for one year; 2 votes
- Each Additional Child Discount - **\$20** – Includes youth AHA membership for one year; 1 vote
- Family - **\$40** – Includes adult AHA membership for one year; no AHA youth membership; 1 vote
- Married Couple - **\$70** – Includes two adult AHA memberships for one year; 2 votes
- Associate - **\$30** – Adult; no AHA membership; no vote; not eligible for Competition Card
- Optional: *Modern Arabian Horse Magazine* - **\$10** – One year subscription per member (6 issues)

Competition Card: (required to compete in or officiate in AHA recognized events; includes \$1 million Excess Personal Liability Insurance for US residents. Not required for AHA Incentive Riding Programs)

- Adult – **\$35**
- Adult 3 Year – **\$105** (one adult)
- Youth (17 or under as of 12/01/11) – **\$25**
- Family – **\$35** (one adult)
- Married Couple – **\$70** (two adults)

Has your membership in any Arabian horse association club been terminated by action of the respective association or club? No Yes If Yes, please give reason(s): _____

I agree to abide by the Constitution and Bylaws of the Wisconsin Arabian Horse Association (WAHA) and to uphold them. I fully understand that my application will be kept on file and is subject to review by WAHA and that any false statements or information contained in my application will be just cause for immediate termination of my membership. New memberships are not effective until approved by the WAHA Board of Directors.

APPLICANT SIGNATURE	PARENT/LEGAL GUARDIAN SIGNATURE (for youth member)
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Make checks payable to **Wisconsin Arabian Horse Association (WAHA)**

Mail to: Sunde Nelson, Membership Chair
N5022 County Rd G
Beaver Dam, WI 53916
(920) 210-4489

I am willing to help with: Shows Youth Midwest Horse Fair Other – please specify: