



MEMBERSHIP FORM

DATE: _____

NAME _____ CURRENT AHA# _____

SPOUSE (for membership) _____ CURRENT AHA# _____

RANCH NAME _____

ADDRESS _____

CITY _____ STATE/ZIP _____

EMAIL ADDRESS _____

PHONE _____

YOUTH AGE (required of youth by AHA) _____ YOUTH BIRTHDAY: _____

ARABIAN HORSE ASSOCIATION AND RCAHA REQUIREMENT: The undersigned, as a member of a Member Organization of AHA does hereby agree to be bound and comply with the Articles of Incorporation, By Laws, Agreements of Membership, Rules, Regulations of AHA and RCAHA.)

ADULT SIGNATURE _____ YOUTH NAME: _____

<u>MEMBERSHIP TYPE</u>	<i>PLEASE CHECK</i>	
	<u>1 YEAR</u>	<u>3 YEARS</u>
ADULT with COMPETITION CARD	\$100 _____	\$280 _____
without comp. card	\$65 _____	\$185 _____
YOUTH with COMPETITION CARD	\$40 _____	(for 2024)
without comp. card	\$0 _____	<i>FREE for 2024 per AHA</i>
ASSOCIATE MEMBERSHIP FOR YOUTH & ADULTS (club level only, no AHA)	\$15 _____	

Please fill out form, make check payable to RCAHA and mail to:
 RCAHA Membership, 40101 Calle Vecina, Temecula, CA 92592 or
 contact Debbie Moss 951-775-8978 or debragmoss@msn.com