

**INDIANA HALF-ARABIAN HORSE CLUB MEMBERSHIP APPLICATION**

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

INDIANA HALF-ARABIAN CLUB MEMBERSHIP (ADULT/FAMILY) \$20.00

ARABIAN HORSE ASSOCIATION 12 Month Memb.@ Adult \$25.00

Eff. 1/1/06 12 month membership Adult Name: \_\_\_\_\_

AHA Competition card with paid IHAHC/AHA membership \$25.00

AHA Late Fee after Due date (renewals only) additional \$10.00

**INDIANA SADDLE HORSE ASSOCIATION AFFIATED MEMBER**

Single Membership \$20.00

Family Membership \$25.00

Total \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO INDIANA HALF-ARABIAN HORSE CLUB

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**YOUTH MEMBER ONLY**

Youth Membership \$25.00 (IHAHC \$5, AHA \$20)

AHA Late Fee \$10.00(Renewals only, after Due date)

**Total** \$ \_\_\_\_\_

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