



MEMBERSHIP APPLICATION
 Membership Year: November 1 to October 31

New or Renewal

TYPE OF MEMBERSHIP

- | | | |
|------------------|---|------------------|
| 1) Name _____ | VAHA Family | @ \$25. \$ _____ |
| 2) Ranch _____ | (includes 2 adults and all youth at some address) | |
| 3) Address _____ | VAHA Adult | @ \$15. \$ _____ |
| _____ | VAHA Youth | @ \$10. \$ _____ |

4) Phone _____

TOTAL ENCLOSED \$ _____

5) AHA # _____

6) Youth Names (s) _____

Youth Date of Birth _____

7) E-mail Address _____

NEWLY STRUCTURED ARABIAN HORSE ASSOCIATION MEMBERSHIP along with a Club Affiliation can be completed online at www.arabianhorses.org or contact VAHA for more details.

8) **No not publish the information provided above.**

**MAKE CHECK PAYABLE TO VAHA AND SEND TO: Jane Rinka
 P.O. Box 219, Guinda, CA 95637
 (530) 796-2373 or capayvalleyarabs@aol.com**

<p>HELP US GET TO KNOW YOU</p> <p>Number of Purebreds Owned _____</p> <p>Number of Partbreds Owned _____</p> <p>Horse related interests _____</p> <p>_____</p> <p>Referred by: _____</p>	<p>WOULD YOU BE INTERESTED IN HELPING WITH:</p> <p>_____ Meetings / Refreshments</p> <p>_____ Clinics / Seminars</p> <p>_____ Horse Shows</p> <p>_____ Trail Rides</p> <p>_____ Juniors</p> <p>_____ Advertising</p>
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I give Vintage Arabian Horse Association permission to use the above information for club use, unless I've checked # 8 above.

The undersigned hereby agree to be bound by and comply with the Articles of Incorporation and By-laws of the Vintage Arabian Horse Association.

 Signature

 Date