

Western Carolina Arabian Horse Association
MEMBERSHIP APPLICATION

Name _____
Name _____
Address _____ FAX# _____
City _____ State _____ Zip _____
Telephone - home () _____ Cell () _____
AHA Youth Name _____
Birthdate _____

E-Mail _____
Please include – most correspondence will be via email

The AHA competition card is required for individual members who compete, members who own horses that compete, and officials who officiate at recognized AHA events, Club officers or members who participate in AHA award programs. The competition card is also required for those who want to take advantage of the AHA Excess Personal Liability Insurance program. A competition card is not required to be a member of AHA or WCAHA, however, you cannot purchase a Competition Card without a membership. AHA membership = \$50.00, Competition Card with club affiliation = \$35.00. Competition card without club affiliation purchased at show = \$65.00.

Individual Adult Membership with competition card _____	@\$100.00	includes AHA & WCAHA dues (AHA membership dues \$50.00* + Competition card \$35.00 + WCAHA club dues \$15.00)
Additional Adult with competition card _____ (same family/same address)	@\$85.00	includes AHA & WCAHA dues
Youth Membership with competition card _____	@\$45.00	includes AHA & WCAHA dues (AHA Membership dues \$20.00 + Competition Card = \$25.00, WCAHA club dues \$0)
Adult Membership AHA/WCAHA (w/o comp card) _____	@\$65.00	includes AHA & WCAHA dues
Additional Adult AHA/WCAHA (w/o comp card) _____ (same family/same address)	@\$60.00	includes AHA & WCAHA dues
Youth Membership AHA/WCAHA (w/o comp card) _____	@\$20.00	includes AHA & WCAHA dues
Associate WCAHA membership _____ (does not include AHA membership)	@15.00	WCAHA only

*AHA Magazine Subscription *included with AHA membership*

Current AHA # _____

*Memberships expire the following year on the last day of the month in which a member joined. For example, if an individual joins AHA on March 8, 2018, that membership expires March 31, 2019. The Competition Card may be purchased at the same time as membership or anytime within the anniversary year; however, the competition card will expire at the same time as a membership.

I hereby agree to all provisions of AHA & WCAHA as they now exist or periodically amended.

Signature _____
to:

Make check payable to WCAHA & send

Signature _____

Patti Rowe
107 Dean Street
Belton, SC 29627
(864) 338-5704

Date _____

Office Use Only ck# _____ AHA _____

##revised April 2018