



OAHC 2015 Membership Form

Individual Membership Options:

____ Existing AHA Member with OAHC Affiliation (\$10)

AHA Membership Number _____

____ OAHC Membership without AHA Affiliation (\$25)

Member Information:

Name: _____

Birth Date: _____

Street Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Membership forms and
payment can be mailed to
Jamie Parker (Membership
Chair) at:

P.O. Box 609
Zellwood, Florida 32798

Any questions can be sent to:
info@orlandoarabianhorseclub.com