



2017 WAHA Membership Application

Renew or join online at www.ArabianHorses.org

Remember to select WAHA as your affiliate club!

Print Legibly

NAME		DATE	
SPOUSE'S NAME (for Married Couple)	PHONE NO. () ()	FAX NO. () ()	
ADDRESS	CITY	STATE	ZIP
EMAIL	YOUTH MEMBER'S BIRTHDATE		

Renewal – AHA number(s) _____

New

Membership Options & Fees

Membership: (includes club affiliation; *Arabian Horse Life* magazine; does not include competition privileges or Excess Personal Liability Insurance; see Competition Cards). Select One:

Adult - **\$55** – Includes AHA membership for one year; 1 vote

Adult 3 Year - **\$130** – Includes AHA membership for three years; 1 vote

Youth (18 or under as of 12/01/16) – **\$25** – Includes AHYA membership for one year; 1 vote

Parent/Child Discount - **\$70** – Includes adult and youth AHA membership for one year; 2 votes

Each Additional Child Discount - **\$20** – Includes youth AHA membership for one year; 1 vote

Family - **\$55** – Includes adult AHA membership for one year; no AHA youth membership; 1 vote

Married Couple - **\$100** – Includes two adult AHA memberships for one year; 2 votes

Associate - **\$30** – Adult; no AHA membership or magazine; no vote; not eligible for Competition Card

Competition Card: (required to compete in or officiate in AHA recognized events; includes \$1 million Excess Personal Liability Insurance for US residents. Not required for AHA Incentive Riding Programs)

Adult – **\$35**

Adult 3 Year – **\$105** (one adult)

Youth (18 or under as of 12/01/16) – **\$25**

Family – **\$35** (one adult)

Married Couple – **\$70** (two adults)

Has your membership in any Arabian horse association club been terminated by action of the respective association or club? No Yes If Yes, please give reason(s): _____

I agree to abide by the Constitution and Bylaws of the Wisconsin Arabian Horse Association (WAHA) and to uphold them. I fully understand that my application will be kept on file and is subject to review by WAHA and that any false statements or information contained in my application will be just cause for immediate termination of my membership. New memberships are not effective until approved by the WAHA Board of Directors.

APPLICANT SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE (for youth member)

Make checks payable to **Wisconsin Arabian Horse Association (WAHA)**

Mail to: Sunde Heidemann, Membership Chair

N5022 County Rd G

Beaver Dam, WI 53916

(920) 210-4489

I am willing to help with: Shows Youth Midwest Horse Fair Other – please specify: