



## OAHC 2017 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

Please make checks payable to OAHC

Any questions can be sent to:  
[info@orlandoarabianhorseclub.com](mailto:info@orlandoarabianhorseclub.com)