



Membership Application

*For faster and more efficient membership processing
you can also join Online at www.arabianhorses.org*

First Name: _____ Last Name: _____ AHA# _____
One membership per form

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
(Very important to receive club information, news and updates)

CAHC Membership _____ Adult 1 year @ \$20 each \$ _____
CAHC Printed newsletter (6 issues yearly) Youth 1 year @ \$5 each \$ _____

AHA Membership _____ Adult 1 year @ \$25 each \$ _____
Adult AHA voting privileges AHA Modern Adult 3 year @ \$70 each \$ _____
Arabian Horse Magazine (6 issues yearly) Youth 1 year @ \$20 each \$ _____
and discounts with AHA Corporate Partners

Competition Cards _____ Adult 1 year @ \$35 each \$ _____
Does not include AHA base membership Adult 3 year @ \$105 each \$ _____
You still need this if you intend to show Youth 1 year @ \$25 each \$ _____
& compete in AHA recognized events AHA life members @ \$20/yr. \$ _____

Total \$ _____

Division Preference (circle one): Main Club Northern Division Southern Division

MAIL FORMS TO:

Pat Thompson, CAHC Membership Chair

37233 Polo Run Drive – Elizabeth, CO 80107

Phone: 303-646-6242 – Cell: 303-941-1121 – Email: pateph@aol.com

www.cahc.info