



Diablo Arabian Horse Association Membership Application/ Renewal

You also may **Renew your AHA/DAHA membership online** through the AHA web site (www.ArabianHorses.org). Those with **Family** memberships, who wish to renew online, may receive a \$10. refund from DAHA, once the process is completed and an e-mail or note is sent by the member to the Membership Chair.

RENEWAL: Any person who was a member in the prior membership year is considered a renewal.

MEMBERSHIP OPTIONS

ADULT MEMBERSHIP : Includes 1 AHA and 1 DAHA membership, with voting rights in both organizations. Fee: \$45.

FAMILY MEMBERSHIP: Includes 2 AHA and 2 DAHA memberships, and voting rights in both organizations. Fee: \$80.

YOUTH MEMBERSHIP: For young people under the age of 18 as of December 1 of the previous calendar year. A Youth Member is entitled to all membership privileges except for the voting rights granted to Adult Members. Youth Membership includes 1 AHA and 1 DAHA membership. Fee: \$35.

COMPETITION CARD: Required for adult or youth members who compete or own horses that compete, and officials who officiate at recognized AHA events (includes AHA recognized shows and endurance and competitive trail rides), or members who participate in AHA Award programs.

The Competition Card is also available to members who wish to receive coverage under the **AHA excess personal liability insurance** program. Fees: Adult \$35., Youth \$25.

ASSOCIATE MEMBER: A special adult membership for those who may belong to AHA through another club or who do not wish the benefits of AHA membership. This is a **non-voting** membership and an Associate member is **not eligible** to hold office in Diablo AHA. Fee: \$ 20.

Please check and enter your selections:

- Adult** membership \$45. _____
- Adult** Competition Card \$35. _____
- sub total \$ _____
- Family** membership \$80. _____
- 2 Adult** Competition Cards \$70. _____
- sub total \$ _____
- Youth** membership \$35. _____
- Youth** Competition Card \$25. _____
- sub total \$ _____
- Associate** Membership \$20. _____

Total submitted s _____

Your cancelled check is your receipt.

Mail form and check payable to DAHA

Attn: Evelyn Call 7343 Hillmont Dr.
Oakland CA 94605
(510) 632-7283 evcallarabians@aol.com

Please PRINT clearly

ADULT (and FAMILY) Members:

First Name Last Name

AHA #

First Name (2nd adult in a Family Membership) Last Name

AHA#

YOUTH MEMBER

First Name Last Name

Youth Birth date AHA#

FARM NAME:
(If applicable)

ADDRESS:

City State ZIP

Phone #

E-mail address (Only used for Association communications. Will not be provided to any 3rd parties without your prior consent)

Referred by:

This application is to be submitted with your dues. The Board of Directors calls attention to the fact that under the provisions of the Bylaws of this Association, membership becomes effective upon approval.

If accepted as a member, I agree to be bound by and comply with the Articles of Incorporation, Bylaws, membership rules, regulations and resolutions of the AHA and DAHA, as they now exist or change, knowledge of which I now have or will immediately acquire.(Contact Member Chair for a copy)

Your Signature Date

Signature of Parent or Guardian (if under 18 yrs old) Date