



Diablo Arabian Horse Association

You may also renew your AHA/DAHA membership online through the AHA web site, www.ArabianHorses.org. Those with Family memberships, who wish to renew on line, may receive a \$10.00 rebate from DAHA, once the process is completed and an email or note is sent to the Membership Chair.

MEMBERSHIP OPTIONS

Note: Adult, Family and Youth memberships include free subscription to the AHA Magazine, *Modern Arabian Horse*

ADULT Membership: Includes 1 AHA and 1 DAHA membership, with voting rights in both organizations **Fee \$60.**

FAMILY Membership: Includes 2 AHA and 2 DAHA Adult Memberships, and voting rights in both organizations **Fee \$110.**

YOUTH Membership: For young people under the age of 19. A Youth Member is entitled to all membership privileges except for the voting rights granted to Adult Members. A Youth Membership includes 1 AHA and 1 DAHA membership. **Fee \$35.**

COMPETITION CARD: Required for above members who compete or own horses that compete, and officials at recognized AHA events (includes AHA recognized shows, 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 membership for those who may belong to AHA through another club or do not wish the benefits of AHA membership. It is a **non-voting** membership. An Associate member is **not eligible** to hold office in Diablo AHA.

Please check and enter your selections:

- Adult Membership** \$ 60. _____
- Adult Competition Card** \$ 35. _____
- Sub Total** \$ _____
- *****
- Family Membership** \$ 110. _____
- 2 Adult Competition Cards** \$ 70. _____
- Sub Total** \$ _____
- *****
- Youth Membership** \$ 35. _____
- Youth Competition Card** \$ 25. _____
- Sub Total** \$ _____
- Total** \$ _____
- *****
- Associate Membership -Adult** \$ 20. _____
- Youth \$ 15. _____

- Check if this is a GIFT membership** (a gift card will be sent to the recipient). **See reverse for info.**
- CURRENT AHA MEMBER** who is **not affiliated with a local club** and wishes to **add DAHA membership**, contact the Membership Chair re procedure. **Fees are Adult \$20. Youth \$15.**

Send to: Evelyn Call, Membership Chair
7343 Hillmont Dr., Oakland CA 94605 evcallarabs@att.net

Membership Application/Renewal

ADULT and FAMILY MEMBERS Please PRINT clearly

First Name *Last Name*

AHA # _____ Exp. Date _____

First Name *Last Name*

AHA # _____ Exp. Date _____

YOUTH MEMBER

First Name *Last Name*

Youth Birth Date *AHA #*

ADDRESS:

FARM NAME (if applicable) _____

No. *Street* *Apt.*

City *State* *ZIP*

Phone#

E-mail address

(Only used for Association communications. Will not be provided to any 3rd parties, other than AHA, 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 By-laws 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, By-laws, membership rules, regulations and resolutions of the AHA and DAHA, as they now exist or change, knowledge of which I now have or can immediately acquire. (Contact Member Chair for a copy of DAHA By-laws.)

Your Signature **Date**

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

Please take time to indicate, on the reverse, your interests and comments, as well as any message to be included in a Gift card.

Thank you.

Your cancelled check, payable to DAHA, is your receipt.

Gift Membership

Occasion? _____

Your Name and Message-

Interests:

I/We would be interested in:

Meetings _____ Seminars/Clinics _____,

Parties/Dinners _____, Horse shows _____,

Exhibitions _____, Juniors _____,

Newsletter _____, Trail riding _____,

Dressage _____, Racing _____,

Regional/National activities _____,

Other (describe) _____

Other Suggestions:

I want my friends/family to be DAHA Members.

Please send DAHA information and membership forms to:

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____



www.diabloaha.org