Diablo Arabian Horse Association **2021 Membership Application/Renewal**

You may submit this form to DiabloAHA, OR
you may apply or renew your AHA/DAHA membership on-line through AHA at (www.ArabianHorses.org).

MEMBERSHIP OPTIONS

Note: Adult, Family and **Youth** memberships include **free** subscription to the AHA Magazine, ***Arabian Horse Life*** and may participate in DAHA's **High Point** program.

ADULT Membership: Includes 1 AHA and 1 DAHA membership, with voting rights in both organizations Fee $70.

FAMILY Membership: Includes 2 AHA and 2 DAHA Adult Memberships, and voting rights in both organizations Fee $130.

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 for 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: Membership for adult or youth who may belong to AHA through another club **or** does 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.
Fees: Adult $20. / Youth $15.

NOTE: A CURRENT AHA MEMBER who is **not affiliated with a local club** and wishes to **add DAHA** membership, contact the Membership Chair re procedure. Local Club fee (Adult $20. /Youth $15.) applies.

Please check and enter your selections:

- ○ **Adult** Membership $ 70. _____
- ○ **1 Adult** Competition Card $ 35. _____
  Sub Total $ _____
- ○ **Family** Membership $ 130. _____
- ○ **2 Adult** Competition Cards $ 70. _____
  Sub Total $ _____
- ○ **Youth** Membership $ 35. _____
- ○ **Youth** Competition Card $ 25. _____
  Sub Total $ _____
- ○ **Associate** Member-Adult $ 20. _____
  -Youth $ 15. _____
  Sub Total $ _____

Total _____ _____

Send to: Evelyn Call, Membership Chair
7343 Hillmont Dr., Oakland CA 94605
evcallarabs@att.net
Your cancelled check**, payable to Diablo AHA**, is your receipt.

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***

○ ***Check if this is a GIFT membership (a gift card will be sent to the recipient). See reverse for info.***

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.

www.diabloaha.org eff.12/20

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_____

DIABLO ARABIAN HORSE ASSOCIATION

www.diabloaha.org