



**Diablo Arabian Horse Association**

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](http://www.ArabianHorses.org)).

**2023 Membership Application/Renewal**

**MEMBERSHIP OPTIONS**

**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.

**Note: Adult, Family and Youth members** may participate in DAHA's High Point program.

**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:** Deborah Heinzmann, Membership Chair  
1580 Whitman Road, Concord, CA 94518  
[DJHEINZM@GMAIL.COM](mailto:DJHEINZM@GMAIL.COM)

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 3<sup>rd</sup> 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.

Gift Membership

Occasion? \_\_\_\_\_

Your Name and Message-

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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) \_\_\_\_\_

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Other Suggestions:

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**I want my friends/family to be DAHA Members.**  
Please send DAHA information and membership forms to:

**Name** \_\_\_\_\_

Address \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

