
INDIANA HALF-ARABIAN HORSE CLUB MEMBERSHIP APPLICATION

NAME: _____ SSN # _____

ADDRESS: _____

CITY, STATE,
ZIP _____

Phone Number: _____ Birth Date: _____

E-Mail: _____

| | | |
|---|--------------|---------|
| INDIANA HALF-ARABIAN CLUB MEMBERSHIP (ADULT/FAMILY) | | \$10.00 |
| INDIANA HALF-ARABIAN CLUB MEMBERSHIP (Youth) | | \$ 5.00 |
| ARABIAN HORSE ASSOCIATION 12 Month Membership @ Adult | | \$40.00 |
| Eff. 1/1/06 12 month membership Adult Name: _____ | | |
| Eff. 1/1/06 12 month membership Adult Name: _____ | | |
| ARABIAN HORSE ASSOCIATION 12 Month membership. @ Youth | | \$20.00 |
| Eff. 1/1/06 12 month membership Youth Name: _____ | | |
| AHA Competition card with paid IHAHC/AHA membership | ADULT | \$35.00 |
| AHA Competition card with paid IHAHC/AHA membership | YOUTH | \$25.00 |
| INDIANA SADDLE HORSE ASSOCIATION AFFIATED MEMBER | | |
| Single Membership | | \$20.00 |
| Family Membership | | \$25.00 |
| | Total \$ | _____ |

MAKE CHECKS PAYABLE TO: INDIANA HALF-ARABIAN HORSE CLUB

MAIL TO: NORMA STONE, 100 S. 1050 W., JAMESTOWN, IN, 46147 - - (765) 482-9729