

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 \$50.00

12 month membership Adult #1 Name: _____

12 month membership Adult #2 Name: _____

ARABIAN HORSE ASSOCIATION 12 Month membership @ Youth \$20.00

12 month membership Youth Name: _____

AHA Competition card with paid IHAHC/AHA membership ADULT \$40.00

AHA Competition card with paid IHAHC/AHA membership YOUTH \$30.00

INDIANA SADDLE HORSE ASSOCIATION AFFILIATED MEMBER

Single Membership \$20.00

Family Membership \$25.00

Total \$ _____

MAKE CHECKS PAYABLE TO: INDIANA HALF-ARABIAN HORSE CLUB

MAIL TO: Jan Decker, 4459 S. 650 W., New Palestine, IN 46163