



Arabian Performance Horse Club Membership Form

Date: _____

Name: _____ Spouse Name: _____

Youth: _____

Address: _____

City: _____ State/Zip: _____ Phone: _____

Email: _____ Cell Phone: _____

SSN (req'd by AHA): _____ Age (Youth only): _____ Birthdate: _____

New [] Renewal [] Existing AHA membership #(s) _____

Signature _____ Spouse: _____

Youth Signature(s): _____

Membership Options:

Adults:

Arabian Performance Horse Club Adult Membership: _____ @ \$15 each = _____

Arabian Horse Association (Basic AHA Adult Membership): _____ @ \$25 each = _____

Arabian Horse Association (AHA Competition Card for showing, add this fee to the basic AHA Membership if showing): _____ @ \$35 each = _____

Youth:

Arabian Performance Horse Club Youth Membership: _____ @ \$5 each = _____

Arabian Horse Association (Basic AHA Youth Membership): _____ @ \$20 each = _____

Arabian Horse Association (AHA Competition Card for showing, add this fee to the basic AHA Membership if showing): _____ @ \$25 each = _____

Total _____

Please complete the form and mail to Carol Spangler 14 Stagecoach Dr. Phillips Ranch, Ca 91766.
Make checks payable to APHC.