

IOWA ARABIAN HORSE ASSOCIATION

2010 Membership Application

Step 1 – Basic Membership Category

√ Select Appropriate Membership by checking New or Renewal

NEW RENEWAL

<input type="checkbox"/>	<input type="checkbox"/>	Single Membership	1-year - (1 Club vote and 1 AHA membership. Must be 18 years or over)	\$ 35.00
<input type="checkbox"/>	<input type="checkbox"/>	Single Membership	3-year - (1 Club vote and 1 AHA membership. Must be 18 years or over)	\$ 105.00
<input type="checkbox"/>	<input type="checkbox"/>	Joint Membership	1-year - (2 adults, over 18, living at the same address)	\$ 60.00
			2 club votes and 2 AHA memberships	
<input type="checkbox"/>	<input type="checkbox"/>	Joint Membership	3-year - (2 adults, over 18, living at the same address)	\$ 180.00
			2 club votes and 2 AHA memberships	
<input type="checkbox"/>	<input type="checkbox"/>	Youth Membership	(A youth not having reached their 18th birthday by December 1 of previous	\$ 25.00
			calendar year, is entitled to participate in all youth functions as well as all IaAHA functions except voting on organization questions. Includes AHA membership)	
<input type="checkbox"/>	<input type="checkbox"/>	Affiliate Member	1 person, 18 or over, will be on Iowa mailing list,	\$ 25.00
			cannot vote or hold office, can participate in Iowa programs	

Step 2 – Competition Card

Adult - Required for each Adult competitor showing in AHA.....	\$ 35.00
sanctioned events	
Adult – 3-Year - Required for each Adult competitor showing in AHA.....	\$ 105.00
sanctioned events	
Youth - Required for each Youth competitor showing in AHA	\$ 25.00
sanctioned events	

(Competition cards expire on the membership anniversary and may also be purchased at AHA sanctioned shows.)

◆ **Total Amount Due**..... \$ _____

(Make checks payable to Iowa AHA)

√ Complete & correct information is required for each person.
 Name Social Security # Birth Date AHA # (if renewing)

1. _____
2. _____
3. _____
4. _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

TELEPHONE (with AREA CODE) _____

COUNTY (if living in Iowa) _____

Mail to: **Patty Sutter**
9909 Lincoln Ave
Clive, IA 50325
(515) 222-1838 for information

- ◆ Additional Information:
 If you have an **E-Mail** address, what is it? _____
 If you are a Youth member, what grade in school are you in? _____

Note: In order to cut costs, the Communique, Prizelists, and Notices have migrated to IaAHA.com. So be sure we have your e-mail address, so we can keep you updated as information is published to the website.