



MEMBERSHIP APPLICATION FOR 2012

NAME _____ AHA# _____

FARM NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

Competing memberships include ODAHA dues, AHA dues, and AHA competition card. Fees are per member except family memberships.

_____ **JUNIOR (17 & under):** \$60 **Date of Birth (required):** _____

_____ **ADULT:** \$75

_____ **3 YEAR ADULT:** \$215 (Best deal!)

_____ **FAMILY:** \$145 includes 2 voting adult memberships.

Non-competing membership includes ODAHA and AHA dues.

_____ **ADULT:** \$40

_____ **YOUTH:** \$25

Local, non-competing membership includes ODAHA dues only.

_____ **JUNIOR (17 & under):** \$12 ODAHA dues.

_____ **ADULT:** \$25 ODAHA dues only.

_____ **FAMILY:** \$25 first adult, \$15 per additional adult member, \$12 per junior.

_____ To receive the AHA magazine, add \$10 per subscription per member. Designate member if more than one membership on this form.

Additional Members:

NAME _____ DOB _____ AHA# _____

NAME _____ DOB _____ AHA# _____

NAME _____ DOB _____ AHA# _____

I/We agree to abide by the rules of regulations of the Old Dominion Arabian Horse Association.

SIGNATURE _____

Payment of dues must accompany this form. Payment constitutes agreement to abide by the rules and regulations of the Old Dominion Arabian Horse Association. Make checks payable to **Old Dominion Arabian Horse Association**. Mail payment to: **BILL JENKINS**, 10320 Graves Rd., Petersburg, VA 23803, Phone: (804) 590-2802.