



ARABIAN RIDERS AND BREEDERS OF NORTHWEST ARKANSAS
MEMBERSHIP APPLICATION
(AHA Club #9291)

Return to Dana Crawley, Membership Chair, 3198 N. Bentley Ridge, Fayetteville,
AR 72704 - 812-606-8825 OR dlladner@yahoo.com

www.arabianofnwa.org

NAME: _____ ADDRESS _____

CITY/STATE/ZIP: _____ Phone: _____
(Home)

E-Mail Address _____ Farm Name _____

The Arabian Riders and Breeders of NW Arkansas is a member organization of the Arabian Horse Association. Please indicate the type of membership desired. *Please make checks payable to ARAB of NWA.*

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|---|-------|---------------|
| <input type="checkbox"/> ARAB/AHA ADULT INDIVIDUAL COMPETITION MEMBERSHIP One Year (INCLUDES AHA \$50. ARAB \$15.00 <u>and</u> COMPETITION CARD \$35.00) | _____ | \$ 100.00 *** |
| <input type="checkbox"/> ARAB/AHA ADULT INDIVIDUAL MEMBERSHIP One Year (INCLUDES AHA \$50. ARAB \$15. <u>WITHOUT</u> COMPETITION CARD) | _____ | \$ 65.00 |
| <input type="checkbox"/> ARAB ASSOCIATE INDIVIDUAL MEMBERSHIP (NO AHA MEMBERSHIP) One Year | _____ | \$ 15.00 |
| <input type="checkbox"/> ARAB YOUTH MEMBERSHIP (18 YEARS & UNDER, NO AHA) One Year | _____ | \$ 10.00 |
| <input type="checkbox"/> ARAB/AHA YOUTH COMPETITION MEMBERSHIP One Year (INCLUDES AHA \$20. ARAB \$10 <u>and</u> COMPETITION CARD \$25.00) | _____ | \$ 55.00 *** |
| <input type="checkbox"/> ARAB/AHA YOUTH MEMBERSHIP One Year (INCLUDES AHA \$20. ARAB \$10 <u>WITHOUT</u> COMPETITION CARD \$25.00) | _____ | \$ 30.00 |

*** AHA COMPETITION CARD IS REQUIRED TO COMPETE IN AHA ACTIVITIES

INFORMATION NEEDED FOR AHA MEMBERSHIP

Name: _____ Current AHA Number: _____

Birthday (For Youth Memberships): _____

**AHA Membership Forms Can also be Completed Online at www.arabianhorses.org. ARAB's AHA Club # is 9291*

Please complete the following:

Have you been refused membership to or suspended from any horse club? Yes () No ()

If so, why? _____ What Club? _____

We enjoy the following activities involving horses: _____

Return application with remittance to Membership Chairman listed above. Please make checks payable to ARAB of NWA.

Applicant's Signature _____ Date: _____

Parent or Guardian's signature for youth member: _____