



MEMBERSHIP FORM

DATE: _____

NAME _____ CURRENT AHA# _____

SPOUSE _____ CURRENT AHA# _____

RANCH NAME _____

ADDRESS _____

CITY _____ STATE/ZIP _____

EMAIL ADDRESS _____

PHONE _____ WORK # _____ FAX # _____

YOUTH AGE (required of youth by AHA) _____ BIRTHDAY: _____

ARABIAN HORSE ASSOCIATION AND RCAHA REQUIREMENT: The undersigned, as a member of a Member Organization of AHA does hereby agree to be bound and comply with the Articles of Incorporation, By Laws, Agreements of Membership, Rules, Regulations of AHA and RCAHA.)

ADULT SIGNATURE(S) _____ YOUTH NAME: _____

SPOUSE _____

DUES

PLEASE CHECK

MEMBERSHIP TYPE

ADULT with competition card w/out comp. card	1 year	\$100 _____ \$65 _____	\$280 (3yr) __ \$185 _____
ADULT COUPLE w/TWO comp cards w/ONE comp card		\$185 _____ \$130 _____	N/A N/A
YOUTH with competition card w/out comp. card		\$50 _____ \$25 _____	N/A N/A
ASSOCIATE MEMBER (club level only)		\$20 _____	N/A

Please fill out form, make check payable to RCAHA and mail to:
RCAHA Membership, 40101 Calle Vecina, Temecula, CA 92592 or contact
Debbie Moss 951-775-8978 or debragmoss@msn.com

(Rev. 2/3/23)