



MEMBERSHIP FORM

DATE: _____

NAME _____ PRESENT AHA# _____

SPOUSE _____ PRESENT AHA# _____

RANCH NAME _____

ADDRESS _____

CITY _____ STATE/ZIP _____

EMAIL ADDRESS _____

PHONE _____ WORK # _____ FAX # _____

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.)

SIGNATURE(S) _____ YOUTH _____

SPOUSE _____

YEARLY DUES
MEMBERSHIP TYPE

PLEASE CHECK
1 YEAR

3 YEAR

ADULT w/comp card
w/out comp card

\$100 _____
\$65 _____

\$280 _____
\$185 _____

ADULT COUPLE w/TWO comp cards
w/ONE comp card

\$185 _____
\$130 _____

N/A
N/A

YOUTH w/comp 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 951-699-8016 or debragmoss@msn.com

(Rev. 4/25/22)