



## ARHA Membership Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### MEMEBERSHIP RUNS JANUARY 1 THROUGH DECEMBER 31

\_\_\_\_\_ New \_\_\_\_\_ Renewal

\_\_\_\_\_ Annual Adult \$30.00

\_\_\_\_\_ Annual Youth (18 years and under) \$20.00

\_\_\_\_\_ Lifetime \$400.00

### Exhibitor Status (please check one)

\_\_\_\_\_ Open \_\_\_\_\_ Amateur \_\_\_\_\_ Youth

### Would you like to receive information from ARHA via email?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### Areas of interest

\_\_\_\_\_ Owner \_\_\_\_\_ Breeder \_\_\_\_\_ Exhibitor \_\_\_\_\_ Trainer



### Remit forms to:

American Roan Horse Association

6172 South St RD 1 Hamilton, IN 46742

[www.RideARoan.com](http://www.RideARoan.com) [ARHA@RideARoan.com](mailto:ARHA@RideARoan.com)