



ARHA Member Name Change Request

MEMBER INFORMATION

Member Name On Fil: _____ ARHA# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

NEW NAME

New Name: _____

Name change fee: \$5



Remit forms to:

American Roan Horse Association

6172 South St RD 1 Hamilton, IN 46742

www.RideARoan.com ARHA@RideARoan.com