



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 \$20.00

_____ Annual Youth (18 years and under) \$10.00

_____ Lifetime \$350.00

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 ARHA@RideARoan.com