

Indiana Arabian Horse Club Membership Statement

Name _____ Youth _____ (Y/N)

Last First

New _____ Renewal _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ E-mail _____

Social Security # _____ Birth Date _____

Other Members Same Household:

Name _____ SS# _____ Birthday _____

Name _____ SS# _____ Birthday _____

Indiana Horse Club (IAHC) Membership:

Single: _____ @ \$25.00 = _____

or – 2 Adults (same household), \$30.00 = _____

Arabian Horse Association (AHA) Membership:

Adults: _____ @ \$25.00 = _____

Youth (IAHC + AHA): _____ @ \$30.00 = _____

AHA Competition card:

Adults: _____ @ \$35.00 = _____

Youth: _____ @ \$25.00 = _____

Indiana Saddle Horse Association (ISHA) Membership:

Single \$20.00: _____

Family \$25.00: _____

TOTAL: _____

***Please note: To compete in any AHA show or program, you must have the AHA MEMBERSHIP and AHA COMPETITION CARD. If you wish, you may be a member of IAHC and AHA *or* just IAHC.**

Make one check Payable to the

Indiana Arabian Horse Club

Mail to:

Tim Fleck, DVM

15733 Joliet Rd

Westfield, IN 46074

H: 317-867-1265

popperdoc@aol.com