



CONNECTICUT RIVER ARABIAN ASSOCIATION, LLC

2010 MEMBERSHIP APPLICATION

Applicant Name _____

Date of Application _____ New _____ Renewal _____

Phone Number _____

Address _____

City _____ State _____ Zip _____

E-mail address _____ Email for Club & Region 16 YES or NO

Date of Birth _____ AHA Member # _____

\$ 85 One-Year Adult with AHA Membership, AHA Competition Card, Voting Privileges

\$ 50 One-Year Adult with AHA Membership and Voting Privileges

\$ 25 One-Year Associate Member (Adult or Youth), No AHA Membership, No Voting Privileges

\$ 70 One-Year Youth with AHA Membership, AHA Competition Card, No Voting Privileges

\$ 45 One-Year Youth with AHA Membership, NO AHA Competition Card, No Voting Privileges

\$ 95 Family Associate, NO AHA Membership, No Voting Privileges. Includes up to 4 youth from same family - list additional names below:

\$ _____ TOTAL OF ABOVE

Make payable to C.R.A.A. and mail with completed form to:

Damon Remy

13 Brandywine Lane, Suffield, CT 06078

860-462-3208 or damon.remy@gmail.com