

Connecticut River Arabian Association
Membership Application



Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

Date of Birth: ____/____/____ AHA Number: (if renewal) _____

Signature of Applicant

Signature of Parent or Guardian (if applicant under 18)

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**Membership Categories**

- |                          |                                                                                                                       |                 |          |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|----------|
| <input type="checkbox"/> | <b>One-Year Adult</b>                                                                                                 | <b>\$85.00*</b> | \$ _____ |
|                          | Includes AHA Membership, voting privileges and AHA Competition Card<br>(with AHA excess personal liability insurance) |                 |          |
| <input type="checkbox"/> | <b>One-Year Adult</b>                                                                                                 | <b>\$50.00</b>  | \$ _____ |
|                          | AHA Membership and voting privileges                                                                                  |                 |          |
| <input type="checkbox"/> | <b>One-Year Associate</b>                                                                                             | <b>\$25.00</b>  | \$ _____ |
|                          | (Adult or Youth) No AHA membership, no voting<br>privileges                                                           |                 |          |
| <input type="checkbox"/> | <b>One-Year Youth</b>                                                                                                 | <b>\$70.00*</b> | \$ _____ |
|                          | AHA Membership, AHA Competition Card, no voting<br>privileges                                                         |                 |          |
| <input type="checkbox"/> | <b>One-Year Youth</b>                                                                                                 | <b>\$45.00</b>  | \$ _____ |
|                          | AHA Membership, no AHA Competition card, no voting<br>privileges                                                      |                 |          |
| <input type="checkbox"/> | <b>Family Associate</b>                                                                                               | <b>\$95.00</b>  | \$ _____ |
|                          | No AHA Membership, no voting privileges. Includes up<br>to 4 youth from same family (list addt'l names on back)       |                 |          |

**Check Total – make payable to CRAA and mail with completed form to:** \$ \_\_\_\_\_

Janice Drake, 12 Lenora Drive, West Simsbury, CT 06092

We encourage you to join online via the AHA website at: [www.arabianhorses.org](http://www.arabianhorses.org)

\* Includes AHA competition card increase as of 4/1/2008