

2018 NCAHA MEMBERSHIP FORM New _____ Renewal _____

If you are a current member of AHA, please return the AHA renewal notice you received, along with payment, Directly to AHA. **BE SURE TO SPECIFY NCAHA AS YOUR AFFILIATE CLUB!** Renewals can also be made on the AHA website, www.arabianhorses.org, for all AHA membership categories. If you wish to join NCAHA as an Associate, or if you are joining AHA and NCAHA for the first time, please submit this form to the NCAHA Membership Secretary as directed below.

AHA WILL REMIT YOUR CLUB DUES AND A LIST OF RENEWALS TO NCAHA.

CLUB: _____ AHA MEMBER NO.: _____
NAME: _____ SS#: _____ DOB: _____
NAME: _____ SS#: _____ DOB: _____
MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____
E-MAIL ADDRESS: _____

AHA / NCAHA MEMBERSHIP /COMPETITION CARD:

___ **3-YEAR - \$240 (\$105 for AHA / \$30 for NCAHA/\$105 Competition) \$ _____**
1 Adult Individual NCAHA / AHA voting membership for 3 years
___ **1-YEAR ADULT - \$85 (\$40 for AHA / \$10 for NCAHA/\$35 Competition) \$ _____**
1 Adult Individual NCAHA / AHA voting membership for 1 year
___ **1-YEAR YOUTH - \$ 55 (\$20 for AHA / \$10 for NCAHA/\$25 Competition). . . . \$ _____**
1 Youth Individual NCAHA / AHA membership (non-voting)

MODERN ARABIAN HORSE MAGAZINE *

___ I wish to receive six yearly issues of **Modern Arabian Horse** magazine, The Official voice for the Arabian Horse Industry, for only \$10 a year (save \$31.70 off the cover price!)
(* not included with membership fee) \$ _____

ASSOCIATE MEMBERSHIP: (Farms may join as Associates only.)

___ **ASSOCIATE - \$50 (\$40 AHA membership /\$10 NCAHA Membership).... \$ _____**
Eligible to participate in awards / NCAHA activities. Must pay non-member AHA show fees
___ **YOUTH Associate - FREE (No AHA membership, no NCAHA vote) ... \$ _____**
Youth eligible to participate in awards / NCAHA activities. Must pay non-member AHA show fees

TOTAL AMOUNT ENCLOSED. . \$ _____

MAKE CHECKS PAYABLE TO: NCAHA

REMIT TO: Mary Ann Laferriere, Membership Secretary
2423 Millikan Road
Chapel Hill, NC 27516

Office use only: _____ Date received by Secretary & added to NCAHA Added to E-mail List
_____ Date sent to treasurer for submittal to AHA