



## MEMBERSHIP APPLICATION FOR 2009

NAME \_\_\_\_\_ AHA# \_\_\_\_\_

FARM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**Competing memberships** include ODAHA dues, AHA dues, and AHA competition card. Fees are per member except family memberships.

\_\_\_\_\_ **JUNIOR (17 & under): \$50 Date of Birth (required):** \_\_\_\_\_

\_\_\_\_\_ **ADULT: \$75**

\_\_\_\_\_ **3 YEAR ADULT: \$205 (Best deal! Save \$20!!)**

\_\_\_\_\_ **FAMILY: \$145 includes 2 voting adult memberships.**

**Non-competing membership** includes ODAHA and AHA dues.

\_\_\_\_\_ **ADULT: \$40**

**Local, non-competing membership** includes ODAHA dues only.

\_\_\_\_\_ **JUNIOR (17 & under): \$12 ODAHA dues. Date of Birth:** \_\_\_\_\_

\_\_\_\_\_ **ADULT: \$25 ODAHA dues only.**

\_\_\_\_\_ **FAMILY: \$25 first adult, \$15 per additional adult member, \$12 per junior.**

Additional Members:

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AHA# \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AHA# \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AHA# \_\_\_\_\_

I/We agree to abide by the rules of regulations of the Old Dominion Arabian Horse Association.

SIGNATURE \_\_\_\_\_

Payment of dues must accompany this form. Payment constitutes agreement to abide by the rules and regulations of the Old Dominion Arabian Horse Association. Make checks payable to **Old Dominion Arabian Horse Association**. Mail payment to: **BILL JENKINS**, 10320 Graves Rd., Petersburg, VA 23803, Phone: (804) 590-2802.