

MEMBER ASSOCIATION OF ARABIAN HORSE ASSOCIATION NORTHERN ILLINOIS ARABIAN HORSE ACTIVITY CLUB

AHA#____

Membership: □ New □ Renew USEF#	
Member Name:	
Non-Member Name:	
Farm Name: Farm USEF#	
Address:	
City/State/Zip:	
Phone: Business Phone:	
E-Mail Address:	
Number of Purebreds: Number of Half-Arabians: Other Breed:	
Occupation:	
If needed by NIAHAC, would you be willing to contribute your occupational skills?	
This is an organization operated entirely by volunteers. Your help is greatly needed. Please volunteer your services in one or more of Following ways: Club Office Board of Directors Nominating Committee Social Media Membership Meetings Club Publications / Promotions Clinics/Events Jr. Membership Trail / Comp / End May Horse Show Regional / AHA Representative Suggestion	the
I will sponsor a class(es) for the ☐ May Horse Show ☐ Please Contact Me	
Membership Categories: □\$270 3 Year AHA/Affiliate/Competition/NIAHAC (Voting) □\$95 1 Year AHA/Affiliate/Competition/NIAHAC (Voting) □\$60 1 Year AHA/Affiliate/Non-Competing/NIAHAC (Voting) □\$10 1 Year NIAHAC ONLY Associate (Non-Voting) □\$50 1 Year Youth AHA/Affiliate/Competition/NIAHAC (Non-Voting) □\$25 1 Year Youth AHA/Affiliate/Non-Competing/NIAHAC (Non-Voting) □\$5 1 Year Youth NIAHAC ONLY Associate (Non-Voting)	
Individual AHA Affiliate: includes one (1) voting membership to NIAHAC and AHA. You may vote, hold office, be a committee member and/or be a delegate of NIAHAC at the Regional and National levels of AHA. Individual Associate: includes membership in NIAHAC and all club activities. An associate may not vote or hold office. (No AHA Affiliate)	
Youth Affiliate: is open to any individual under the age of 19 as of December 1st of the previous calendar year. May not vote or ho office.	old
Youth Associate: is open to any individual under the age of 19 as of December 1st of the previous calendar year. May not vote or hoffice. (No AHA Affiliation)	blc
I agree to abide by the by-laws of the Northern Illinois Arabian Horse Activity Club. Membership not effective until paid for and approve	ed

Make check payable to NIAHAC and return to:

Referred by:

Signature:

by the NIAHAC Board of Directors.