

**BLUE RIDGE ARABIAN HORSE ASSOCIATION
MEMBER ARABIAN HORSE ASSOCIATION
2009 MEMBERSHIP**

Name:	<table border="1"> <tr><td>Amount Received</td><td></td></tr> <tr><td>Check #</td><td></td></tr> <tr><td>Check Date</td><td></td></tr> <tr><td>Received Date</td><td></td></tr> <tr><td>Membership \$</td><td></td></tr> <tr><td>Other \$</td><td></td></tr> </table>	Amount Received		Check #		Check Date		Received Date		Membership \$		Other \$	
Amount Received													
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Membership \$													
Other \$													
Address:													
City: State:													
Phone: Fax:													
Email Address:													
Farm Name:													

Mail to:
Debra Peebles
8544 Pete Wiles Rd.
Middletown, MD 21769
301.371.5534 (phone/fax)
Call before faxing
Email – windwood3@aol.com

CHECK MEMBERSHIP DESIRED: (PLEASE READ CAREFULLY)		
<i>VOTING AHA/BRAHA MEMBERSHIP:</i> RECEIVES AHA MAGAZINE INTERNATIONAL ARABIAN HORSE, REGION 15 & BRAHA NEWSLETTERS IN ARABIAN NEWS; VOTE ON CLUB MATTERS; HOLD CLUB OFFICES INCLUDING AHA DELEGATE— DOES NOT INCLUDE COMPETITION CARD WITH EXCESS PERSONAL LIABILITY INSURANCE	Fee:	After Dec 10 th or Anniversary Date
ADULT (INDIVIDUAL –ONE YEAR)	\$40	\$50
ADULT (INDIVIDUAL-THREE YEAR)	\$115	\$125
FAMILY/FARM (TWO ADULT MEMBERSHIPS)	\$65	\$75
YOUTH(UNDER AGE OF 18 AS OF DEC. 1 ST OF PREVIOUS YR.) YOUTH are not allowed to vote or hold AHA office	\$25	\$35
**COMPETITION CARD –ADD TO YOUR MEMBERSHIP FEE IF YOU COMPETE IN OR OFFICIATE AT AHA RECOGNIZED EVENTS (INCLUDED IN THIS FEE IS THE EXCESS PERSONAL LIABILITY INSURANCE FOR U.S. RESIDENTS).		
ADULT WITH CLUB AFFILIATION – ONE YEAR	\$35	NA
ADULT WITH CLUB AFFILIATION – THREE YEARS	\$105	NA
YOUTH – ONE YEAR	\$25	NA
NON-VOTING MEMBERSHIP – INVITED TO ALL BRAHA FUNCTIONS, MAY ENROLL IN MARYLAND FUTURITY AND HIGHPOINT PROGRAM. ARABIAN NEWS IS EXTRA.		
INDIVIDUAL (ONE YEAR – NON AHA)	\$20	NA
FAMILY (ONE YEAR – NON AHA)	\$25	NA
YOUTH (ONE YEAR – NON AHA – ELIGIBLE UNTIL AGE 18)	\$10	NA
SENIOR INACTIVE (ONE YEAR – NON AHA)	\$15	NA

Please make check payable to BRAHA TOTAL AMOUNT \$ _____

LIST EACH PERSON IN MEMBERSHIP WITH DATE OF BIRTH:

1. _____
2. _____
3. _____
4. _____

SIGNATURE: _____