



# 2020 Membership Form

Please: Only one name per application. Feel free to make copies

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

*Please Initial* ) I, the above individual, grant permission to The Dunes AHA to use my name in promotional materials.

If you wish, place an "X" in front of one or more committees that you would like to help and work on

\_\_\_\_\_ Horse Shows      \_\_\_\_\_ Newsletter      \_\_\_\_\_ Youth  
 \_\_\_\_\_ Banquet      \_\_\_\_\_ High Point      \_\_\_\_\_ By-Laws  
 \_\_\_\_\_ Website / Social Media      \_\_\_\_\_ Marketing / Promotions

## YOUTH MEMBERSHIP

Youth membership is for individuals under the age of 19 as of December 1, 2019.

Make one choice per application

\_\_\_\_\_ Dunes Youth Dues      \$10      Youth Birthdate \_\_\_\_\_  
 \_\_\_\_\_ DYC + AHA Youth      \$30      Parent/Guardian Name \_\_\_\_\_  
 \_\_\_\_\_ DYC + AHA + CC\*      \$55      Parent/Guardian Phone # \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_

**\* AHA membership with a competition card is required to participate in all AHA Events.**

The Dunes + members receive a subscription of Arabian Horse Life Magazine delivered bimonthly.

## ADULT MEMBERSHIP

Adult membership is for individuals over the age of 19 as of December 1, 2019.

**ADULTS WHO WISH TO HOLD OFFICER POSITION MUST PURCHASE AN AHA MEMBERSHIP**

ONE YEAR DUES OPTION		THREE YEAR DUES OPTION	
_____ Dunes Association Dues	\$20	_____ Dunes Association Dues	\$55
_____ Dunes + AHA	\$70	_____ Dunes + AHA	\$190
_____ Dunes + AHA + CC*	\$105	_____ Dunes + AHA + CC*	\$295

**\* AHA membership with a competition card is required to participate in all AHA Events.**

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ALL MEMBERSHIPS EXPIRE THE FOLLOWING YEAR OR 3 YEARS ON THE LAST DAY OF THE MONTH YOU JOINED.

Please mail this form to :

Jarod Oliver  
 879 Union Court  
 Hobart, IN 46342

I agree to abide by the rules, regulations  
 and bylaws of The Dunes AHA.

Make checks payable to:

The Dunes AHA

Signature \_\_\_\_\_

Date \_\_\_\_\_