



GGAHA MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ Fax: _____

Email: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

SPONSOR: _____

ANNUAL DUES

____ REGULAR INDIVIDUAL MEMBERSHIP—ONE VOTE **\$70.00**
Includes your AHA Competition Membership Card

____ JUNIOR MEMBERSHIP—NO VOTE **\$55.00**
Includes your AHA Competition Membership Card

____ ASSOCIATE MEMBERSHIP—NO VOTE **\$10.00**
GGAHA Membership Only

I hereby subject myself to and agree to be bound by all the provisions of the Articles of Incorporation, Bylaws, Rules and Regulations of the Arabian Horse Association as they now exist or may periodically be amended, knowledge of which I now have or will immediately acquire.

SIGNATURE OF APPLICANT

Make Checks Payable to GGAHA

Send Application to:
Debbie Wiegmann
5501 Blank Road,
Sebastopol, CA 95472
707-823-1751 or Email: wigggy62@aol.com