



# Arabian Horse Association of New Mexico



## 2007 Membership Application

**For Voting and Youth memberships, we recommend that you join through AHA. Go to their web site at [http:// www.arabianhorses.org](http://www.arabianhorses.org), click on the membership tab and follow the instructions. Or call 1-303-696-4500. Designate AHA of New Mexico as your local club.**

**Associate/Newsletter Member:** provides membership in AHANM *only* for 12 months. **\$20**  
Includes AHANM Newsletter. Associate/Newsletter members receive member rates at training shows and clinics.

\*For this type of membership, make check payable to AHANM. Mail to:  
AHANM, Attn: Membership  
P.O. Box 25541  
Albuquerque, NM 87125

**Voting Member:** provides membership in AHA and AHANM and includes all benefits and privileges of both organizations. Must be 18 years of age or older.  
Includes AHANM newsletter and AHA magazine.

<b>Fees:</b>	<b>Membership for 1 calendar year:</b>	<b>\$40</b>
	<b>Competition Card for 1 calendar year:</b>	<b>\$20</b>
	Late fee (for renewal that has expired)	<b>\$10</b>

\*For this type of membership do one of the following:

- **BEST** : (and fastest) go online to [www.arabianhorses.org](http://www.arabianhorses.org) and click on the membership tab.
- **BETTER**: Fill in the information below and make check payable to and mail to:  
Arabian Horse Association  
Attn. Membership  
P.O. Box 25541  
Aurora, Colorado 80014
- **GOOD**: Fill in the information below and make the check payable to AHANM and mail to:  
AHANM  
Attn: membership  
P.O. Box 25541  
Albuquerque, New Mexico 87125

**Youth Member:** provides membership in AHA and AHANM and includes all benefits and privileges of both organizations. Must be 17 years of age and younger.

<b>Name:</b> _____	<b>Date of Birth:</b> _____	<b>1 year</b>	<b>\$20</b>
		<b>Competition Card 1 year</b>	<b>\$10</b>

\* Follow instructions under voting membership.

**Total Amount** \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_ required for voting membership

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of membership requested: \_\_\_\_\_

Check here if you do not want your address, phone number or email address on our web site.

QUESTIONS: 505-869-6777