



6030 Greenwood Plaza Blvd
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AHA 1205 (Rev. 4/25)

MONTHLY SUMMARY SHEET FOR DUES

Date _____ Club Name _____ Club # _____
(Required)

Treasurer/Membership Chairperson Name _____

Daytime Telephone # _____ Email _____

MEMBERSHIP FEES

____ 1-Year Adult @ \$55.00 Each \$ _____
____ 3-Year Adult @ \$145.00 Each \$ _____
____ 1-Year Youth @ \$20.00 Each \$ _____

COMPETITION CARDS

____ 1-Year Adult @ \$40.00 Each \$ _____
____ 3-Year Adult @ \$120.00 Each \$ _____
____ 1-Year Youth @ \$30.00 Each \$ _____

Foreign Residents Additional Fee (Outside of U.S. & Canada Additional Postage/Handling Fee)

____ Adult @ \$30.00 Each \$ _____
____ Youth @ \$30.00 Each \$ _____

(Add 5% GST for Canadian membership) **TOTAL \$ _____**

Total Memberships _____

Total Competition Cards _____

NOTE: Attach Monthly Report of Membership form

Method Of Payment (US Funds Only) A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH. <input type="checkbox"/> Check (Payable to AHA) Check # _____ <input type="checkbox"/> ACH <input type="checkbox"/> Credit Card Total Amount Due \$ _____		
ACH Information: Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking		Bank Routing #: _____ Bank Acct #: _____
Credit Card# _____ \$ _____		
Print Name as it appears on CC _____ Name: _____		
Exp Date _____	CVV _____	Signature _____
Credit Card Billing Address (include zip) _____		