



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)		