

# Mother Lode Arabian Horse Association

P.O. Box 7158, Auburn, CA 95604-7158

## Associate Membership Application

Name \_\_\_\_\_ AHA# \_\_\_\_\_ Member since \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street

City

State

Zip

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Youth Name \_\_\_\_\_ Birth date \_\_\_\_\_

### **Type of Membership**

Anyone with a prior years membership is considered a renewal. Circle the appropriate category and amount.

### **Renewal**

### **New**

Associate Family Membership  
(No Vote)

\$25.00

\$25.00

Associate Adult Membership  
(No Vote)

\$20.00

\$20.00

Associate Youth Membership  
(No Vote)

\$10.00

\$10.00

Total Enclosed \$ \_\_\_\_\_

A family membership is for married couples who reside at the same address and their unmarried children under 18 at the same address. These children do not have an AHA Youth Membership.

This application is to be submitted with you initial dues. The by-laws of this Association, and membership in MLAHA becomes effective upon approval by the Board of Directors. Your dues contributions to MLAHA are not deductible as charitable contributions. Please consult with your tax advisor to determine provisions relating to the deductibility of business expenses.

The undersigned hereby agrees to be bound by and comply with the Articles of incorporation and By-laws of the Mother Lode Arabian Horse Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form and your check to:  
MLAHA

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Auburn, CA 95604-7158