		Conv	With enience
			Fee
SELECT TYPE OF 2026	O Individual	\$50	\$52
MEMBERSHIP:	Tamily (includes spouses, children under 17)	\$75	\$78
	Junior Exhibitor (17 and under)	\$25	\$26
	Farm (Owner must be member to compete)	\$100	
	O Horse Shows	\$100	•
	O Lifetime	\$500	\$520
MEMBERSHIP TYPE	New Membership Renewal Mem	ıbershi	p
LIST YOUR EXISTING MEMBERSHIP NUMBER, IF YOU HAVE ONE:			
LIST NAMES OF MEMBERS			
OR FARM OWNER		Age	
(AND AGES FOR JUNIOR EXHIBITORS):			
		A(ge
ADDRESS:	Street		
	City State	Zip	
	*Email		
	Cell phone ()		
	Cell phone (/		
*EMAIL CARD:	YES *be sure to include your email address above* NO		
AFFILIATED STABLE NAME:			
	Membership expires on Nov. 30 of each year. If credit card or PayPal, please include the convenie with your payment.		
PAYMENT AMOUNT ENCLOSED:	\$		
. ATHILAT AMOUNT LAULUGLU.	Ψ		



SEND THIS FORM AND PAYMENT TO:

ARHPA, Inc. 2755 Bunten Rd. Duluth, GA 30096